

The Doctor's Guide To

Overseas Training

Quick Glance

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Dedicated
To
The Truth

Foreword

This book is a powerful tool for any overseas doctor and an International Medical Graduate.

When you purchased this book, you made a small investment in your career. We will fulfil your expectation.

We understand that the book on your screen will not satisfy the needs of all readers. A few of you may expect more.

We will do our best to exceed your expectation.

The present book covers six most sought after countries in detail. In the the books that are under preparation we will cover more countries and topics.

The topics that will be covered in the forthcoming books are Interviews, Curriculum Vitae, Skills required, Finance, Research tools and a host of others.

We will also cover training opportunities in some unknown countries and job opportunities in Middle East countries and Africa.

Please let us know how we can improve the book. After you read this book, please write to us about the topics that can be included, the topics

that must be improved, errors you found and the resources where we can get more information.

The Book is designed to be a dynamic one. Based on your feedback, we will update and upgrade the book periodically.

Originally we planned to publish this book after including as many countries as possible. The planned release date is far away. But, as many of you wanted the book now, we decided to publish The Doctor's Guide to overseas Training now with information on six countries..

The first book in the series is on your screen.

We wish you all the best,

The Editors

How to Use the Guide

The Doctor's Guide to Overseas Training is a eBook. This format has helped in adding features that will make your reading a breeze.

Navigation

The book contains at the bottom a few powerful features that will help you in locating the exact information you need.

Glance gives all the chapter titles. You can scan or glance the contents quickly and then go to the chapter you like.

Content stands for Table of Contents. It is exhaustive it gives all the chapter titles and headings within the chapters.

Index gives the important words and the page numbers they are in.

These three features when used correctly will speed up locating the information you need.

When you click Glance, Content or Index you will be taken to Glance of Chapter Titles, Table of Contents or Index.

Each page number that appears adjacent to the word in Index, in Glance of Chapter Titles and in Table of Contents is a Hyperlink. If you click on the page number, you will be taken to the relevant page.

Back takes you to the last page you were reading. For example, you are reading page number 30. You find an interesting link, click it and go to page 75. Now, if you want to go back again to page 30 simply click Back.

If you want to go to the previous page then you must use <<. To go to the next page use >>. In the above example, if you want to go to page 74 when you are in page 75, you must use <<. If you want to go to page 76 when you are in page 75, you must use >>.

Clicking Help will bring you to this chapter. If you want Acrobat Reader help, then you need to use Menus that are part of Acrobat Reader.

If you want to find a particular word or phrase, then click Find. You will be prompted to enter your search words in a dialogue box. Enter your words and press Enter key. You will be taken to the page where the word first occurs. If you want to find other occurrences keep clicking Find Again.

View

When you start the Guide, the book will be surrounded by Acrobat Reader Tools and Menu. If you press Control and L, only the book will be visible. You can increase the size of the book by pressing Control and + or decrease the size by pressing Control and -.

Reading the book after pressing Control and L will be easy to eyes.

Links

The book has many links to external websites. When you click on the link your browser will open and take you to the relevant webpage. You must be connected to internet to use this feature.

Printing

Actually this book is formatted for online reading. You can print the book, but using an inkjet printer will take time to print.

Other Features

All other features that are found in Acrobat Reader can be used.

United States

Overview

Getting into the United States is a multi Step process. There are many thing involved in each Step. Each Step has been explained in individual chapters.

We have tried to make each chapter on the United States self contained. This has resulted in repetition of some points in different chapters. Nevertheless, the reader will find them very useful and handy.

The chapter "Summary" summarises the important things you must know about getting into the United States.

The chapter "ECFMG" explains the procedures of getting ECFMG standard certificate.

The chapter "USMLE" gives a general idea about USMLE. The chapters "USMLE-Step1", "USMLE-Step 2" and "USMLE-Step 3" explains everything related to USMLE Step 1, USMLE Step 2 and USMLE Step 3 respectively.

The chapter "USMLE Resources" gives you a list of resources that can help you in USMLE preparation.

The Chapter "Clinical Skills Assessment" gives you a good foundation of knowledge on Clinical Skills Assessment.

The Chapters "Residency", "ERAS" and "NRMP" explains in detail about residency programs and the matching process.

The Chapter "Medical licensure" explains the basic and specific requirements of Medical Licensure. The Chapter "Medical credentialling" tells about the important credentialling process.

The chapter "Speciality Certification" and "Fellowship" explains about Specialists and Advanced training.

The chapter "Suggested Books" gives a list of books recommended by successful candidates. The chapter "Hospitals" gives the list of useful websites where you can find Visa friendly hospitals.

The chapter "Job Resources" gives you some important job contacts. The chapter "Immigration" gives official resources and other contacts that may be helpful.

The chapter "Accommodation" guides you in finding out budget accommodation. The chapter "Associations" gives contact details on important associations and organisations.

The chapter "Useful Links" gives a list of websites that can not be included in other chapters.

Summary

In this chapter we have given a summary of the process of getting into the United States.

An International Medical Graduate (IMG) is any doctor who graduated from medical school outside the United States or Canada.

An IMG is also known as Foreign Medical Graduate (FMG).

Citizenship and Nationality are not considered in the definition of an International Medical Graduate.

A US citizen who takes his medical school certificate from an Australian Medical School is an International Medical Graduate. So, he has to follow all the rules applicable to all other citizens with foreign qualification.

If a German national who qualifies from a US medical school is not an International Medical Graduate. He is not subject to the rules applicable to other citizens with foreign qualification.

If you are an IMG, you have to fulfil many examination and documentary requirements before you can take up a training position, job or medical practice in US.

Some of the requirements are common to both United States and foreign graduates. Some are applicable only to IMGs.

Naturally, IMGs are in a somewhat disadvantageous position when compared to US medical graduates.

The Educational Commission for Foreign Medical Graduates (ECFMG) issues certificate to IMGs.

To obtain this certificate, you need to satisfy five requirements.

- You must pass an English Test
- You must pass USMLE Step 1
- You must pass USMLE Step 2
- You must pass Clinical Skills Assessment
- Your documents must be verified

On completion of these five Steps, you will get your ECFMG standard certificate.This certificate allows an IMG to apply for residency and work in US.

To practice medicine in US, you must be eligible for medical licensure. You can get this licence only if you undergo a specified period of training. This training is known as residency.

Irrespective of the period of training you have undergone in your country, you have to do residency program.

To be eligible for Medical Practice without supervision, you must pass USMLE Step 3.

IMGs sit for this examination after they get into Residency and after a year in residency.

The licensure requirements change from state to state.

In some states, you can sit for this Step 3 examination without being in residency program. Some IMGs, take up Step 3 without residency.

The advantage is you may be able to get into a good residency program if you have passed in Step 3. But many IMGs may not be able to do this, because Step 3 is conducted only in US. Without income, it may be difficult to do so.

Practice without supervision means clinical practice outside post graduate training programs.

To practice medicine without supervision both IMG and non-IMG must obtain licence from the medical licensing board of the state where they plan to practice.

ECFMG does not issue licence to practice medicine. The State Medical Boards do it.

ECFMG

In this chapter you will know about ECFMG and the certification process. Examination requirements have been briefly covered. They are explained in detail in the subsequent chapters.

About ECFMG

Who is ECFMG

The Educational Commission for Foreign Medical Graduates assesses whether graduates of foreign medical schools are ready to enter residency or fellowship programs in the United States. ECFMG is the short form of The Educational Commission for Foreign Medical Graduates.

ECFMG Certification

When you fulfil all the requirements laid down by ECFMG, you will get a standard certificate from ECFMG. This process is called ECFMG certification. Without this certificate, you can not have medical career in USA.

ECFMG certification does not guarantee that you will be accepted into US programs since the number of applicants always exceeds the number of available positions.

Importance of Certification

You need ECFMG certification for any one of the following reasons,

- To obtain any position in residency or fellowship program, in most cases, you need ECFMG certification.
- It is one of the eligibility requirements to take Step 3 of the three-Step United States Medical Licensing Examination (USMLE).
- Most states in the United States require ECFMG certification as a prerequisite to obtain licensure to practice medicine.

Foreign Medical Graduate

A graduate of a foreign medical school is a doctor who received his/her basic medical qualification from a medical school located outside the United States, Canada and Puerto Rico.

Even the citizens of the United States who have completed their medical education in schools outside the United States, Canada and Puerto Rico are considered graduates of foreign medical schools.

The medical school, from which you qualified, must be listed in the World Directory of Medical Schools.Otherwise you cannot apply for ECFMG certification.

International Medical Graduate

Foreign Medical Graduates are sometimes referred to as International Medical Graduates.

Eligibility

Conditions for Certification

To be eligible for ECFMG certification, the following conditions must be satisfied.

- You must pass Medical science examination (USMLE 1 and 2).
- You must English Language Test (TOEFL).
- You must pass Clinical Skills Assessment (CSA).
- You must meet Medical Education Credential Requirements.

Further Conditions

Each of the above conditions, has further eligibility requirements. Those requirements have been explained at appropriate places.

Standard ECFMG Certificate

What is Standard ECFMG Certificate

ECFMG issues the Standard ECFMG Certificate to applicant who meets all of the requirements. Standard ECFMG Certificate will be sent approximately two weeks after all of the requirements have been met.

Certificate Details

The Standard ECFMG Certificate includes:

- the name of the applicant;
- the applicant's USMLE / ECFMG Identification Number;
- the dates that the examination requirements were met;
- the date that the certificate was issued; and
- Validity dates of the passing performances

Validation

Why Validity Expires

Applicants may use the Standard ECFMG Certificate to enter an accredited program of graduate medical education as long as the program's

start date is not later than both of the valid through dates. In other words, you must enter a program before the expiry of various validity dates mentioned in your certificate.

Validity Period

Two of the exam dates on the Standard ECFMG Certificate are subject to expiration for the purpose of entering graduate medical education programs. They are:

- The English test date is valid for two years from the most recent date of passing performance.
- The Clinical Skills Assessment date is valid for three years from the most recent date of passing performance.

Permanent Validation

After you enter an ACGME-accredited program of graduate medical education in the United States, you can request permanent validation of your Standard ECFMG Certificate. This means that the English test and CSA dates are no longer subject to expiration.

To receive the appropriate valid indefinitely sticker for the certificate, you and an authorized official of your training institution must complete the Request for Permanent Validation of Standard ECFMG Certificate.

Revalidation

If the English test date on your Standard ECFMG Certificate has expired, you must take the TOEFL and achieve a score acceptable to ECFMG before you can enter a program of graduate medical education.

If the CSA date on your Standard ECFMG Certificate has expired, you must pass another CSA before you can enter a program of graduate medical education.

If you do not enter a training program before your English test / CSA dates expire, you may revalidate these dates at any time.

If your English test or CSA dates expire before your Standard ECFMG Certificate is issued, you may revalidate these dates prior to becoming certified by ECFMG. In this case, the English test / CSA valid through dates on your Standard ECFMG Certificate will reflect your most recent passing performances on these exams.

Revalidation Sticker

Once you meet these exam requirements, ECFMG will mail your revalidation sticker for the appropriate exam. You must attach the revalidation sticker to your Standard ECFMG Certificate.

Status Verification

Who Verifies Certification Status?

Sometimes the organization that accommodates you in training and residency programs may verify your ECFMG Certification Status. The organization will take your permission in writing for this purpose.

Certification Verification Service

Your certification status is verified through ECFMG's Certification Verification Service (CVS).

ECFMG will confirm your certification status when a request is received in writing from a medical licensing authority, residency program director, hospital or other organization that has a legitimate interest in such information.

Confirmations are mailed to the requesting organization within approximately two weeks. Confirmations are not sent to applicants directly.

If you are applying to residency programs through ERAS, ECFMG will automatically send an electronic ECFMG status report at the time that your application is processed to all of the programs to which you applied.

Medical Science Examination

ECFMG requires a passing score on two tests to meet the medical science examination requirement for ECFMG certification.

Medical Science Examination consists of two components.

- USMLE Step 1 (Basic Medical)
- USMLE Step 2 (Clinical)

What are USMLE Tests

USMLE, The United States Medical Licensing Examination, is a single, three-Step exam for medical licensure in the United States. USMLE provides a common system to evaluate applicants for medical licensure.

You have to pass Step 1 and Step 2 for ECFMG certification purposes.

You can take Step 1 and Step 2 in either order.

ECFMG determines

- whether students / graduates of foreign medical schools are eligible to take USMLE Step 1 and Step 2 and
- registers eligible applicants to take these exams for the purpose of ECFMG certification.

Scope of Step 1

Step 1 assesses whether you understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease and modes of therapy.

Step 2 assesses whether you can apply the medical knowledge and understanding of clinical science essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention.

Eligibility for USMLE Tests

The eligibility requirements for Step 1 and Step 2 differ depending on whether you are a medical school student or a medical school graduate.

You need not be a medical graduate to take up USMLE tests. The requirements have been discussed in detail in the following chapters.

Validity Period

If you do not pass the other Step within a maximum of seven years, your previous passing score will no longer be valid for the purpose of ECFMG certification, and you must repeat the entire process.

Reexamination

For the purpose of ECFMG certification, there is no limit on the number of times you can take a Step until you have passed that Step. Once you pass a Step, you may not repeat it, and you will have seven years to pass the other Step.

You may not retake a Step within sixty days of your last attempt on that same Step. You cannot take the same Step more than three times in any twelve-month period.

If you fail a Step, you may retake it, but you must submit a new application and fee(s).

Test Centre

Step 1 and Step 2 are delivered worldwide by Prometric test centres.

USMLE Scores

A minimum score is required to pass USMLE Step 1 and Step 2 for ECFMG certification. The minimum passing level is reviewed periodically.

The scores for Step 1 and Step 2 will be available for mailing three to four weeks after the exam date.

To receive a score, you must complete the entire test. This means that you must begin and either exit from or run out of time for each block of the test. Blocks are explained later.

If you begin but do not complete a Step, no scores are reported, and the incomplete examination attempt appears on your USMLE transcript.

If you register for but do not take a Step, no record of the test will appear on your transcript.

If your examination is incomplete, you may request that a score be calculated and reported, with all missed test items scored as incorrect. This score is likely to be very low and the score will appear on your USMLE

transcript as though it were complete. It may not be retracted subsequently.

Reporting of Score

Score reports for Step 1 and Step 2 include a pass / fail designation, numerical scores, and graphical performance profiles, which summarize areas of strength and weakness to aid in self-assessment.

If you do not receive your Step 1 or Step 2 score report, you must send a written request for a duplicate score report to ECFMG.

You can request for score recheck. A change in score based on a recheck is an extremely remote possibility.

Former Exams

ECFMG accepts a passing performance on former medical science examinations for the purpose of ECFMG certification. These tests are not administered any more. So, you need not worry about them. Those formerly administered by ECFMG are:

- ECFMG Examination
- Visa Qualifying Examination (VQE)
- Foreign Medical Graduate Examination in the Medical Sciences

- Part I and Part II Examinations of the National Board of Medical Examiners (NBME)
- Combinations of above exams

English Language Test

There are two ways to satisfy the English language proficiency requirement for ECFMG certification:

- a passing performance on the former ECFMG English Test
- a score acceptable to ECFMG on TOEFL.

Most overseas doctors have to take TOEFL route.

To live and work in US, doctors must be proficient in English. Proficiency in English is also one of the requirements for obtaining a visa to enter the United States of America.

What is TOEFL

The Test of English as a Foreign Language is known as TOEFL. It assesses your written and spoken English.

Validity Period

Passing performance on the English language proficiency test is valid for two years from the date passed for the purpose of entering a program of graduate medical education.

Revalidation

If you wish to revalidate your English Test date for an additional two-year period, you must take the TOEFL and achieve at least the minimum score accepted by ECFMG.

You may revalidate your English test date before or after you are certified by ECFMG.

Test Centre

The TOEFL is offered throughout the world by the Educational Testing Service (ETS).

Test Format

The TOEFL is administered in either computer-based format or paper-based format. The format of the TOEFL that you take will depend on where you take the test.

ECFMG accepts both the computer-based and paper-based TOEFL to fulfil the English language proficiency requirement for ECFMG certification and to revalidate the English Test date.

Evaluation

If you want ECFMG to evaluate your TOEFL score to fulfil the English language proficiency requirement or to revalidate your English test date, you must do the following:

- Request the ETS to send your official TOEFL score report to ECFMG. The TOEFL score report must come directly from ETS. If you send a copy of your TOEFL score report to ECFMG, it will not be accepted.
- Send a TOEFL Acceptance Request Form and fees for acceptance of your TOEFL score to ECFMG.

ECFMG typically receives TOEFL scores within five weeks of the test date. ECFMG will require several additional weeks to process your request. This time may be extended if your score requires reevaluation by ETS. If your TOEFL score is accepted, ECFMG will notify you in writing.

Reevaluation

Achieving the minimum scores does not guarantee that ECFMG will accept the scores. Your performance on the TOEFL may be compared to your most recent performance on the English language proficiency test. If your TOEFL score varies greatly from your prior performance on the English language proficiency test, your score may be reevaluated by the Educational Testing Service.

Clinical Skills Assessment

The Clinical Skills Assessment (CSA) is a one-day exam that requires examinees to demonstrate clinical proficiency, spoken English language proficiency and appropriate interpersonal skills.

Eligibility for CSA

The eligibility requirements for the CSA differ depending on whether you are a medical school student or a medical school graduate.

Both Medical Students and Graduates must have passed USMLE Step 1 or its equivalent and the English Language Proficiency Test before taking the CSA.

Validity Period

Passing performance on the CSA is valid for three years from the date passed for the purpose of entry into graduate medical education.

Revalidation

Passing performance is valid for three years from the date passed for the purpose of entering a program of graduate medical education.

If you wish to revalidate your CSA date for an additional three-year period, you must pass a subsequent CSA.

You may revalidate your CSA date before or after you are certified by ECFMG.

Reexamination

For the purpose of ECFMG certification, there is no limit on the number of attempts to pass the CSA. Once you pass the CSA, you may only repeat it to revalidate your CSA date.

If you fail the CSA and wish to retake it, you must submit a new application and assessment fee. You may not take the CSA within three months of your last attempt on the CSA.

CSA Format

The CSA consists of eleven stations, ten of which are scored.

in each station you will encounter a Standardized Patient (SP), a lay person trained to realistically and consistently portray a patient.

SPs respond to questions from examinees with answers appropriate to the patient being portrayed and will react appropriately to physical examination manoeuvres. You will be expected to proceed through each encounter with an SP as you would with a real patient.

The total administration time is approximately eight hours. Breaks will be provided at various points in the exam.

The CSA is administered only in English.

Evaluation

The Clinical Skills Assessment (CSA) evaluates your ability to gather and interpret clinical patient data and communicate effectively in the English language. The CSA assesses whether you can obtain a relevant medical history, perform a focused physical exam and compose a written record of the patient encounter.

The CSA also requires that you demonstrate proficiency in spoken English and appropriate interpersonal skills as evaluated by the Standardized Patients you encounter in the test stations.

Preparation for CSA

Since the CSA evaluates general clinical proficiency in cases commonly encountered and/or representing important medical conditions, knowledge gained from clinical experiences should be adequate to manage the test cases.

When you are registered to take the CSA, ECFMG will send you the CSA Candidate Orientation Manual and Candidate Orientation Video, which describe the content and form of the assessment.

CSA Test Centre

The CSA is administered in morning and / or afternoon sessions as scheduled throughout the year in Philadelphia.

If you are travelling from a distant location, you should consider arriving in Philadelphia a day or two before your CSA in order to be rested for this assessment.

Passing Score on CSA

A minimum score is required to pass the CSA for ECFMG certification. This minimum passing score is based on achieving a specified level of proficiency. The minimum passing level is reviewed periodically.

CSA scores are based on checklists and score sheets completed by the Standardized Patients at the time of the assessment, as well as subsequent scoring of the written records by medically-qualified raters.

Standard procedures ensure that the score reported for each examinee is an accurate reflection of the answers marked on the checklists and score sheets.

Reporting of Results

A report of performance on the CSA consists of a pass / fail designation. ECFMG will mail this report to your ECFMG address of record approximately six to eight weeks after your assessment date.

A change in score based on a recheck is an extremely remote possibility. However, a request for a recheck of the checklists and score sheets will be honoured.

Credential Requirements

Applicants for ECFMG certification must document the completion of all requirements for, and receipt of, the final medical diploma.

All graduates of foreign medical schools must have had at least four credit years (academic years for which credit has been given toward completion of the medical curriculum) in attendance.

How verified?

All documents provided to ECFMG are sent for verification to appropriate officials of the foreign medical schools.

You will not fulfil the medical education credential requirements for ECFMG certification until ECFMG receives verification of your medical diploma directly from the medical school.

You cannot collect and send the verification certificate.

ECFMG will notify you after receiving the verification.

No Response From Your College?

ECFMG will write to you to advise when your diploma is sent to your medical school for verification.

In some instances, the verification process for medical diplomas can be lengthy due to the processing time required by the institutions and prevailing postal conditions.

If ECFMG does not receive a response from your medical school within the anticipated time period, ECFMG will send subsequent verification requests to your medical school. ECFMG will notify you when it sends these subsequent requests.

In such cases, it is in your interests to follow up the matter with your medical school.

Identification Number

When you apply for the first time to ECFMG for an exam, you will be assigned an eight-digit USMLE / ECFMG Identification Number. Once ECFMG informs you of this number, you must include it on all communications, medical education credentials, application forms and payments that you send to ECFMG.

Permanent Number

Your USMLE / ECFMG Identification Number cannot be changed. It will become a part of your permanent ECFMG record.

In the following let us examine in detail each of the components of ECFMG certification process.

ECFMG Contact Details

Website

ECFMG website is an excellent resource for Foreign Medical Graduates. You must visit the site and check for latest information whenever you want to take a decision about your career in the United States.

World Wide Web Address
Website: http://www.ecfmg.org/

Physical Addresses

You must send application or payment to submit applications and payments for all exams, TOEFL acceptance, USMLE transcripts and USMLE score rechecks to the following addresses:

Postal Address
Educational Commission for Foreign Medical Graduates
PO Box 820992

Philadelphia, PA 19182-0992
USA

Courier Address
ECFMG Box #82-0992
PNC Bank Lockbox
Route 38 & Eastgate Drive
Moorestown, NJ 08057-0932
USA

You must use the following address for general enquiries and correspondence.

Postal Address
Educational Commission for Foreign Medical Graduates
3624 Market Street
Philadelphia, PA 19104-2685
USA

Phone and Fax
Phone: (215) 386-5900
Fax: (215) 387-9963

For Certification verification service, you must contact the following address.

Postal Address
ECFMG / CVS Department
PO Box 13679
Philadelphia, PA 19101-3679
USA

Phone and Fax
Phone: (215) 386-5900

For information on ERAS, you must contact the following address.

Postal Address
ECFMG / ERAS Program
PO Box 11746
Philadelphia, PA 19101-1746
USA

Phone and Fax
TEL: (215) 386-5900
FAX: (215) 222-5641

Email Address
erashelp@ecfmg.org

If you need information on the Exchange Visitor Sponsorship Program (EVSP), you must contact:

Physical Address
ECFMG / Exchange Visitor Sponsorship Program
PO Box 41673
Philadelphia, PA 19101-1673
USA

Phone and Fax
Phone: (215) 823-2121
Fax: (215) 386-9766

If you need information on the International Credentials Service, you must contact:

Physical Address
ECFMG / International Credentials Service
PO Box 13795
Philadelphia, PA 19101-3795
USA

☎ **Phone and Fax**
Phone: (215) 386-5900
Fax: (215) 386-9767

Newsletter

The ECFMG Correspondent is an e-newsletter published by ECGFMG for ECFMG certified physicians. It contains official information from ECFMG. To become a subscriber, you need to give your email address. You will receive an email message within a few hours asking you to confirm your request. It is a convenient way of receiving latest information on ECFMG.

USMLE

In this chapter, we will discuss the features that are common to all the Steps of USMLE. Then we will discuss the specific features of each Step in subsequent chapters.

Most of the information have been compiled from Official resources and edited to suit the needs of Foreign Medical Graduates.

USMLE - The Basics

What is USMLE?

The United States Medical Licensing Examination is an examination for medical licensure in the United States. USMLE is the short form of The United States Medical Licensing Examination. If you want to work in the USA as a doctor, you need to pass USMLE.

Who Runs USMLE?

It is sponsored by the following organizations:

- Federation of State Medical Boards (FSMB)
- National Board of Medical Examiners (NBME)

The Committee, appointed by the FSMB and NBME, governs and makes rules for the USMLE.

Three Steps

The USMLE examination consists of three Steps. Each of the three Steps complements the others; no Step can stand alone in the assessment of readiness for medical licensure.

ECFMG Certification

For the purpose of ECFMG Certification, you must pass Step 1 and Step 2. Step 3 is not required to enter USA.

Purpose of USMLE

State Medical Boards grant a license to practice medicine. State Medical Boards are the individual medical licensing authorities.

Each Board sets its own rules and regulations and requires passing an examination that demonstrates qualification for licensure.

The USMLE provides the SMB with a common evaluation system for applicants for medical licensure.

The USMLE results are reported to these authorities for use in granting the initial license to practice medicine.

What is Assessed?

The USMLE assesses a physician's ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care.

Former Examinations

The NBME certifying examinations, Part I, Part II, and Part III, and the Federation Licensing Examination (FLEX) Components 1 and 2 are no longer administered. Use of the former NBME Parts or FLEX Components to fulfil eligibility requirements for Step 3 is no longer accepted.

Because SMBs make decisions regarding use of USMLE results, you should contact the jurisdiction where you intend to apply for licensure to obtain complete information. You can contact FSMB for general information on medical licensure.

You must always obtain the most recent information to ensure a correct understanding of the USMLE, as the procedures may change from time to time.

Overview of Steps

Step 1

Step 1 assesses whether you understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy.

Step 1 ensures mastery of not only the sciences underlying the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning.

Step 2

Step 2 assesses whether you can apply medical knowledge and understanding of clinical science essential for the provision of patient care under supervision, and includes emphasis on health promotion and disease prevention.

Step 2 ensures that due attention is devoted to principles of clinical sciences that guarantees the safe and competent practice of medicine.

Step 3

Step 3 assesses whether you can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings.

Step 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care. You can do practice without supervision once you complete Step 3.

Computer Based Testing

All Steps are administered through Computers. You do not need to be an expert in using computers. A few days practice will make you comfortable and confident.

Prometric Software

At present, the test software used to deliver the USMLE Steps is provided by Prometric.

FRED Software

The National Board of Medical Examiners (NBME) is developing new software for delivery of the USMLE Steps as well as tests for other programs. The NBME software, known as FRED, may replace the Prometric software in future.

Until, there is official announcement about the new software, you must practise in the Prometric software.

Eligibility

Step 1 and Step 2

To be eligible for Step 1 or Step 2, you must be in one of the following categories at the time of application and on the test day:

- a medical student officially enrolled in, or a graduate of, a United States or Canadian medical school program leading to the MD degree that is accredited by the Liaison Committee on Medical Education (LCME)
- a medical student officially enrolled in, or a graduate of, a United States medical school that is accredited by the American Osteopathic Association (AOA)

- a medical student officially enrolled in, or a graduate of, a foreign medical school and eligible for examination by the ECFMG for its certificate.

Change in Eligibility Status

If your eligibility for a Step changes after you submit your application but before your scheduled test date, you must notify your registration entity promptly. Failure to notify your registration entity that you may no longer be eligible to take the Step may result in a determination of irregular behaviour. If you take a Step for which you are not eligible, scores for that Step will not be reported or, if previously reported, will be revoked.

Sequence of Steps

If you meet the eligibility requirements to take Step 1 and/or Step 2, you may take either Step1 or Step 2 first. You may apply for Step 3 only after passing both Step 1 and Step 2.

Time Limit and Attempts

Although there is no limit on the total number of times you can retake a Step you have not passed, the USMLE program recommends to medical licensing authorities that they

- require successful completion of Steps 1, 2 and 3 within a seven-year period, beginning when you first pass a Step; and
- allow no more than six attempts to pass each Step without demonstration of additional educational experience acceptable to the medical licensing authority.

If you pass a Step, you are not allowed to retake it, except to comply with the time limit of a medical licensing authority for the completion of all Steps or a requirement imposed by another authority recognized by the USMLE program.

The medical licensing or other authority must provide information indicating that you are applying to retake the passed Step in order to comply with its requirement.

If you are repeating a Step because of a time limit, you may apply to retake the Step only after the applicable time limit has expired.

The number of attempts allowed to pass each Step and the time allowed to complete all Steps vary among jurisdictions.

Retakes

If you fail a Step and want to retake it, you must reapply by submitting a new application and fee.

You may take the failed Step no more than three times within a 12-month period. For Step 1 and Step 2, you may retake the failed Step no earlier than the first day of the month after 60 days have elapsed since your previous test date.

When you reapply to retake Step 3 after failing it, the FSMB will assign an eligibility period to you that begins no earlier than 60 days after your previous test dates.

Indeterminate Scores

Validity of Scores

The USMLE program assures the validity of scores reported for USMLE Steps by every means available. Your scores may be classified as indeterminate if the USMLE program cannot certify the scores as representing a valid measure of your knowledge or competence as sampled by the examination.

A classification of indeterminate may result from irregular behaviour or from other factors, such as unexplained inconsistency in performance within a Step or between takes of the same Step.

The performance of all examinees is monitored and may be analyzed statistically to detect deviations indicating that your scores may be indeterminate.

Evidence of irregular behaviour may suggest that your scores do not represent a valid measure of your knowledge or competence as sampled by the examination.

In these circumstances, your score report may be delayed, pending completion of further analysis and investigation.

If your score report is delayed, you and any other party to whom scores would normally be reported will be notified.

You will be provided with a copy of the USMLE Procedures Regarding Indeterminate Scores, which describes the process for reaching final decisions. You will have an opportunity to provide information that you consider relevant.

After review and analysis of all available information, scores will be classified as valid and will be reported, or scores will be classified as indeterminate.

If the scores are classified as indeterminate, you will be advised of the options for retaking the examination.

Scores classified as indeterminate do not appear on your transcript; rather, an annotation indicates that the scores were classified as indeterminate.

Scores classified as indeterminate will not be reported to anyone. Anyone who has received a report of scores that are later classified as indeterminate will be notified of the indeterminate classification.

The USMLE Procedures Regarding Indeterminate Scores describe the circumstances in which information about the indeterminate classification will be provided to entities which receive or have received your USMLE transcript.

If irregular behaviour appears to have contributed to a decision that your scores are indeterminate, action will also be taken as described below.

Irregular Behaviour

Irregular behaviour includes any action by applicants, examinees, potential applicants, or others when solicited by an applicant and/or examinee that subverts or attempts to subvert the examination process.

If you have information or evidence indicating that any type of irregular behaviour or any infringement of legal rights has occurred, you should submit a written report to or telephone the USMLE Secretariat or the registration entity.

Specific examples of irregular behaviour include, but are not limited to, the following:

- seeking and/or obtaining unauthorized access to examination materials
- falsifying information on application forms, Scheduling Permits, or other USMLE documents
- taking an examination without being eligible for it
- impersonating an examinee or engaging someone else to take the examination for you giving, receiving, or obtaining unauthorized assistance during the examination
- making notes of any kind during an examination except on the erasable writing surfaces provided at the test centre
- failing to adhere to any USMLE policy, procedure, or rule, including instructions of the test centre staff
- disruptive behaviour at a test centre

- possessing unauthorized materials, photographic equipment, or communication or recording devices, including electronic paging devices and cellular telephones, during an examination
- altering or misrepresenting examination scores
- any unauthorized reproduction by any means, including reconstruction through memorization, and/or dissemination of copyrighted examination materials

If information received suggests that irregular behaviour has occurred, statistical analyses may be conducted and additional information may be gathered.

You will be advised of the alleged irregular behaviour and you will have an opportunity to provide information that you consider relevant to the evaluation of the allegation.

Your scores may be withheld, if they have not been reported previously. Step applications will not be processed and you may not be permitted to take subsequent examinations until a final decision regarding irregular behaviour is made.

You will be provided with a copy of the USMLE Procedures Regarding Irregular Behaviour, which describes in detail the process for reaching final decisions regarding irregular behaviour.

If the evidence suggests that the alleged irregular behaviour affects score validity, the score will also be reviewed.

If it is determined that you engaged in irregular behaviour, information regarding this determination becomes part of your USMLE record. Your score report (if applicable) and USMLE transcript will contain a notation regarding the irregular behaviour.

Information about the irregular behaviour will be provided to third parties which receive or have received your USMLE transcript. If it is determined that the irregular behaviour threatens the future integrity of the examination system, you may be barred from future USMLE Steps.

The USMLE program has the right to bar an individual from the USMLE or to have special test administration procedures implemented when information regarding behaviour of examinees on the USMLE indicates such actions may be necessary to ensure the security of the USMLE.

Looking in the direction of another examinee's computer monitor or talking to another examinee during the examination may be reported as evidence of giving, receiving, or obtaining unauthorized assistance.

The report may result in a determination of irregular behaviour.

For different issues you need to contact different entities. So, write to the right person to get a reply.

Exam Preparation

Sample Test Materials

The best preparation for the USMLE is a general, thorough review of the content reflected in the examination specifications.

You should also review the sample test materials, available on the USMLE compact disc (CD), and further information on examination content and test format, all of which are provided for each Step by your registration entity.

There are no test preparation courses affiliated with or sanctioned by the USMLE program.

We have given a list of USMLE resources in a separate chapter that may be helpful to you.

Test Lengths and Formats

USMLE Steps are administered by computer.

Step 1 has approximately 350 multiple-choice test items, divided into seven 60-minute blocks, administered in one eight-hour testing session.

Step 2 has approximately 400 multiple-choice test items, divided into eight 60-minute blocks, administered in one nine-hour testing session.

Step 3 has approximately 500 multiple-choice test items, divided into blocks of 25 to 50 items, and approximately nine computer based case simulations, taken in blocks of one or more cases. You will have between 30 and 60 minutes to complete each block. Step 3 is administered in two eight-hour testing sessions.

During the defined time to complete the test items in each block, you may answer the test items in any order, review your responses, and change answers.

Case simulations must be taken in the order presented. After you exit a block or when time expires, you may no longer review test items or change answers within that block.

Multiple-Choice Test Items

You should acquaint yourself with the test software well before your test date. Practice time is not available on the test day.

A brief tutorial on the test day provides a review of the test software, including navigation tools and examination format, prior to beginning the test. It does not provide an opportunity to practice.

Sample test materials to practice with the software are available to eligible applicants from their registration entity and at the USMLE website.

Primum CCS

Primum CCS means Primum Computer Based Case Simulation. This allows you to provide care for a simulated patient.

You decide which diagnostic information to obtain and how to treat and monitor the patient's progress. The computer records each Step you take in caring for the patient and scores your overall performance. This format permits assessment of clinical decision-making skills in a more realistic and integrated manner than other available formats.

In Primum CCS, you may request information from the history and physical examination; order laboratory studies, procedures, and consultants; and start medications and other therapies.

Any of the thousands of possible entries that you type on the "order sheet" are processed and verified by the "clerk." When you have confirmed that there is nothing further you wish to do, you decide when to reevaluate the patient by advancing time.

As time passes, the patient's condition changes based on the underlying problem and your interventions; results of tests are reported and results of interventions must be monitored.

You suspend the movement of time as you consider next Steps. While you cannot go back in time, you can change your orders to reflect your updated management plan.

The patient's chart contains, in addition to the order sheet, the reports resulting from your orders. By selecting the appropriate chart tabs, you can review vital signs, progress notes, nurses' notes, and test results.

You may care for and move the patient among the office, home, emergency department, intensive care unit and hospital ward.

Practice time with the Primum software is not available on the test day. So, you must review the Primum CCS orientation materials and practice with all the sample cases well in advance of your testing day to have a thorough understanding of how the CCS system works.

CCS sample cases are provided to Step 3 applicants on the USMLE CD and are available at the USMLE website.

Practice at Prometric Test Centres

If you wish to experience some of the conditions of test administration for any Step, you may schedule time to review sample test materials at a Prometric test centre for a fee. Although shorter than an actual USMLE Step and containing the same sample test materials provided by the USMLE registration entities and at the USMLE website, this option allows you to experience USMLE sample test materials in the same environment as your actual test.

Instructions for this service are provided in USMLE application materials and at the USMLE website. After your registration for a Step is complete and you have received your Scheduling Permit, you may register for a practice session for that Step.

You must receive a Scheduling Permit before you can contact Prometric, Inc. to schedule the practice session.

Courses and Resources

There are no officially affiliated programs or courses to guide you.

But, plenty of courses, help sites and books are available on the internet. We have provided a list of such resources. We will keep the list updated periodically.

Scheduling

Scheduling Permit

You should verify the information on your Scheduling Permit before scheduling your appointment. Your Scheduling Permit includes the following:

- your name and mailing address
- the examination for which you registered
- your eligibility period
- your testing region
- your Scheduling Number
- your Candidate Identification Number (CIN)

Scheduling Test Dates

When applying for the USMLE or scheduling test dates, please keep the following in mind:

- . You must have your Scheduling Permit before you contact Prometric, Inc. to schedule a testing appointment. Appointments are assigned on a "first-come, first-served" basis; so, you should contact Prometric, Inc. to schedule as soon as possible after you have received your Scheduling Permit.

- . You may take the test on any day that it is offered during your assigned eligibility period, provided that there is space at the Prometric test centre you choose.
- . Prometric test centres are closed on major local holidays.
- . USMLE Steps are not available during the first two weeks of January.
- . The busiest testing times in the Prometric testing network in the United States and Canada are May through July and November through December.
- . Some Prometric test centres are open on weekend days. When you schedule your Step 3 test dates, the two days on which you take the test will be consecutive days unless the centre is closed on the day that follows your first day of testing. In that event, Prometric, Inc. will assign you to the next day the centre is open for your second day of testing. In all other cases, you must take Step 3 on two consecutive days at the same test centre.
- . Your eligibility period will not be extended if Prometric, Inc. is unable to meet your choice of test centre and date. Therefore, schedule as soon as possible after receiving your Scheduling Permit.

Your Scheduling Number is needed when you contact Prometric, Inc. to schedule test dates. It differs from your Candidate Identification Number

(CIN), which is your private key needed to start the test and to initiate each test block. Prometric does not have access to your CIN.

You will not be able to take the test if you do not bring your official Scheduling Permit to the test centre. Keep it in a secure location.

If you lose your permit, contact your registration entity immediately. A fee may be charged to issue a replacement and you may be required to reschedule your appointment.

If you are testing in the United States or Canada, your Scheduling Permit includes a Prometric telephone number you must use to schedule your test date at the test centre of your choice.

If you are taking Step 1 or Step 2 outside the United States and Canada, your Scheduling Permit also includes instructions on how to schedule a test date by fax or mail, as an alternative to telephoning Prometric, Inc.

When you telephone Prometric, Inc., the Prometric representative will ask for information on your Scheduling Permit and will provide information regarding the centres and dates available on or near the date when you wish to take the test.

If your preferred centre or date is not available, the representative will advise you of other nearby centres or alternate dates when a testing appointment is available.

When you schedule your appointment, the Prometric representative will give you specific information which you should note in the space provided on your Scheduling Permit:

- the confirmed test day, date, and time;
- the address and telephone number of the Prometric test centre where you will test; and
- your Prometric Confirmation Number.

If you are testing in the United States or Canada, you may contact the Prometric test centre where your appointment is scheduled for needed information such as directions to the centre.

If you are testing outside the United States and Canada, you must contact the Regional Registration Centre for information.

Scheduling a testing appointment for a specific date at a Prometric test centre is not a guarantee that the scheduled test time or location will be available.

The Prometric test centre at which you are scheduled may become unavailable after you have scheduled your appointment.

In that event, Prometric will attempt to notify you in advance of your scheduled testing appointment and to schedule you for a different time and/or centre.

However, on rare occasions, rescheduling your appointment for a different time or centre may occur at the last minute.

To avoid losses you would incur as a result, you should maintain flexibility in your travel arrangements, including any necessary airline travel.

Rescheduling Test Dates

If you are unable to keep your testing appointment on the scheduled date or at the scheduled location, you may change your date or centre by contacting Prometric, Inc. You will need to provide your Prometric Confirmation Number when you reschedule.

To avoid a rescheduling fee, you must request to reschedule your appointment at least five business days before your appointment.

If you are testing in the United States or Canada, you must make your request by noon eastern time at least five business days before your appointment.

If you are testing outside the United States or Canada, you must make your request by noon local time of the Regional Registration Centre you are using to schedule your appointment, at least five business days before your appointment.

Use the Prometric Test Centre Locator for up-to-date information on the locations of Prometric test centres.

If telephoning, you must speak with a Prometric representative. Leaving a voice mail message does not satisfy the requirement to provide advance notice. If you provide less than five business days' notice, Prometric will charge you a fee to reschedule your test date.

Your rescheduled test date must fall within your assigned eligibility period. If you do not take the test within your assigned eligibility period and wish to take it in the future, you must reapply by submitting a new application and fee.

Summary of Process

In summary, to take a USMLE Step, you must meet the eligibility requirements and do the following:

- Obtain application materials from the appropriate registration entity.
- Complete your application materials and submit them to your registration entity.
- Receive a Scheduling Permit verifying your eligibility and authorizing you to schedule the examination.

- Follow the instructions on your Scheduling Permit to schedule your test date at a specific Prometric test centre.
- On the scheduled date and at the scheduled time, bring to the Prometric test centre your Scheduling Permit and the required identification described on it.
- Take the test.

Testing

Test Centres and Testing Conditions

Prometric, Inc. provides computer-based testing services for academic assessment, professional licensure, and certification.

USMLE Step 1 and Step 2 are given at Prometric test centres around the world.

Step 3 is given at Prometric test centres in the United States and its territories only.

These centres provide the resources necessary for secure administration of the USMLE, including video and audio monitoring and recording, and use of digital cameras to record the identity of examinees.

The USMLE program has established rules to govern administration of the examinations to ensure that no examinee or group of examinees receives unfair advantage on the examination, inadvertently or otherwise.

Individual examinations are drawn from large pools of content-parallel test forms, which are in turn created from very large banks of test materials. Individual examinations vary within and across test centres, and within and across test days.

Electronic encryption is employed to protect the security of item banks, test forms, and test responses. Physical security at test centres is maintained by proctoring and video surveillance and recording.

Admission to the Test

You should arrive at the Prometric test centre 30 minutes before your scheduled testing time on your testing day. If you arrive late, you may not be admitted.

If you arrive more than 30 minutes after your scheduled testing time, you will not be admitted. In that event, you must pay a fee to Prometric, Inc. to reschedule your test. Your rescheduled test date must fall within your assigned eligibility period.

When you arrive at the test centre, you must present your Scheduling Permit and the required identification described on your Scheduling Permit. Acceptable forms of identification include the following forms of unexpired, government-issued identification:

- passport
- driver's license with photograph
- national identity card
- other form of unexpired, government-issued identification

Your identification must contain both your signature and photograph. If it contains your photograph but not your signature, you can use another form of unexpired identification that contains your signature, such as a student/employee identification card or a credit card, to supplement your photo-bearing, government-issued identification.

Your name as it appears on your Scheduling Permit must match the name on your form of identification exactly. If the name listed on your Scheduling Permit is not correct, contact your registration entity immediately. If you do not bring your Scheduling Permit and acceptable identification, you will not be admitted to the test. In that event, you must pay a fee to Prometric, Inc. to reschedule your test. You rescheduled test date must fall within your assigned eligibility period.

After you present the required identification, you must sign a test centre log, you must be photographed, and you must store your personal belongings in your assigned locker.

Test centre staff will detach the bottom of your Scheduling Permit, which includes your Candidate Identification Number, and hand it to you to keep with you at all times for the duration of the examination. They will give you a marker and erasable writing surfaces, escort you to your assigned testing station, and provide brief instructions on use of the computer equipment.

You must enter your Candidate Identification Number to start the examination. You may then take a brief tutorial prior to starting the first test block.

Now you will start taking the test. You must observe the rules of conduct.

Rules of Conduct

Test centre staff monitors all testing sessions for USMLE Steps. You must follow instructions of test centre staff throughout the examination. Failure to do so may result in a determination of irregular behaviour.

Test centre staff are not authorized to answer questions from examinees regarding examination content, testing software, or scoring.

If staff observes you violating test administration rules or engaging in other forms of irregular behaviour during an examination, the centre staff will not necessarily tell you of the observation at the time of the examination. Centre staff reports such incidents to the USMLE program; each is fully investigated.

You may not bring any personal belongings into the testing area, including the following:

- mechanical or electronic devices, such as calculators, digital watches, watches with computer communication and/or memory capability, electronic paging devices, recording or filming devices, radios, cellular telephones. coats, jackets, brimmed hats
- bookbags, backpacks, handbags, wallets
- books, notes, or study materials
- food or beverages

If you bring any personal belongings to the test centre, you must store them in a designated locker outside the testing room.

You should keep in mind that the lockers are small and that mechanical or electronic devices stored in lockers must be turned off.

Upon reasonable suspicion, your personal belongings and their contents may be inspected. Any materials that reasonably appear to reproduce any USMLE examination materials will be confiscated.

Making notes of any kind during an examination, except on the erasable writing surface provided at the test centre, is not permitted.

When you register to take the USMLE, you are agreeing to the following Rules of Conduct:

1. You are the person named on the Scheduling Permit for the examination.

2. You will not give, receive, or obtain any form of assistance during the examination or during breaks (except from the test centre staff).

3. You will not have in your possession any formulas, study materials, or notes of any kind unless you are out of the examination room on a break between blocks of the examination.

4. Before entering the testing room, you will place any formulas, study materials, notes, or papers in your possession in a locker until after the examination. All personal belongings, including your purse and/or wallet, must also be placed in a locker before entering the testing room.

5. You will not leave your testing station for breaks unless the break screen is visible on your monitor. It will be considered a violation of Rules of Conduct if you indicate on the centre log that your break screen is visible when it is not.

6. You will not use a telephone at any point during the examination, including breaks, for any purpose related to test content.

7. You will not remove materials in any form (written, printed, recorded, or any other type) from the test centre. All examination materials remain the property of the USMLE parent organizations, and you will maintain the confidentiality of the materials, including the multiple-choice items and Primum CCS. You will not attempt to reproduce examination materials through memorization or any other means.

If you violate these Rules of Conduct, you may be directed to leave the test centre before you complete the examination. Also, evidence of violation of any test administration rule, including these Rules of Conduct, will result in actions being taken under USMLE policies and procedures on irregular behaviour. If you are found to have engaged in irregular behaviour, your score report and transcripts will include this finding, and you may be barred from taking the USMLE in the future.

Completing the Test

Once you begin a block of the test, no breaks are provided during the block. Depending on the Step, each block lasts approximately 30 to 60 minutes.

During blocks, the clock continues to run even if you leave the testing room for a personal emergency. If you leave during a block, the test centre staff will report that fact as an irregular incident, and your results may be analyzed for inconsistencies.

Each time you take a break during the testing day, you are required to sign out if you leave the testing room and sign in when you return.

You must present your identification and the bottom of your Scheduling Permit each time you sign in. Each block ends when its time expires or when you exit from it.

The test session ends when all blocks have been completed (or the total time for the test expires).

You will sign out as you leave the test centre, hand in the bottom of your Scheduling Permit and the erasable writing surfaces and marker, and receive a notice that you appeared for the test.

After you start taking an examination, you cannot cancel or reschedule that examination, unless a technical problem requires rescheduling.

If you experience a computer problem during the test, notify test centre staff immediately.

In the rare event of a technical problem, testing software is designed to allow the test to restart at the point it was interrupted.

In most cases, your test can be restarted at the point of interruption with no loss of testing time.

It is possible that a technical problem may occur that requires that your test be rescheduled. In that event, you will be allowed to test at a later date at no additional charge.

Break Time

Your entire testing session is scheduled for a fixed amount of time. The computer keeps track of your overall time and the time allocated for each block of the test.

Fifteen minutes are allotted to complete the tutorial and 45 minutes for break time.

The 45 minutes for breaks can be divided in any manner, according to your preference. For example, you can take a short break at your seat after you complete a block, or you can take a longer break for a meal outside the test centre after you complete a few blocks.

If you do not use the entire 15 minutes for the tutorial or if you complete a block of the test early, the remaining time will be available for breaks. It will not be available to complete other blocks of the test.

As you progress through the blocks of the test, you should monitor how many blocks are remaining and how much break time is remaining.

If you take too much break time and exceed the allocated or accumulated break time, your time to complete the last block in the testing session will be reduced.

After you complete or run out of time for each block during the test, you must respond when the computer asks you to indicate whether you want to take a break or continue.

If you complete the test with overall time remaining, you will be asked to complete an additional block that contains survey questions asking for information on your testing experience.

Score Reporting

Examination Results

When you take a Step, the computer records your responses. After your test ends, your responses are transmitted to the NBME for scoring.

The number of test items you answer correctly is converted to two equivalent scores, one on a three-digit score scale and one on a two-digit score scale. Both scales are used for score reporting purposes.

On the three-digit scale, most scores fall between 160 and 240. The mean score for first-time examinees from accredited medical schools in the United States is in the range of 200 to 220, and the standard deviation is approximately 20. Your score report will include the mean and standard deviation for recent administrations of the Step.

The two-digit score is derived from the three digit score. It is used in score reporting because some medical licensing authorities have requirements that include language describing a "passing score of 75." The two-digit score is derived in such a way that a score of 75 always corresponds to the minimum passing score.

USMLE score reports and transcripts show your scores and an indication of whether you passed or failed.

The same information is sent to medical licensing authorities for their use in granting the initial license to practice medicine.

To receive a score, you must complete the entire test. You must begin and either exit from or run out of time for each block of the test.

If you begin but do not complete a Step, no scores are reported, and the "incomplete examination" attempt appears on your USMLE transcript. If you register for but do not take a Step, no record of the test will appear on your transcript.

If your examination is incomplete, you may request that a score be calculated and reported, with all missed test items scored as incorrect.

This score is likely to be lower than the score you would have achieved had you completed all sections of the examination.

If you decide to request calculation and reporting of your score, the score will appear on your USMLE transcript as though it were complete. It may not be retracted subsequently.

If you receive notification that your examination resulted in an incomplete attempt, contact your registration entity in writing no later than 45 days after the date the notification is mailed to you if you would like further information on having the score calculated and reported.

If it is determined that you took a Step for which you were not eligible, scores for that test will not be reported or, if previously reported, will be revoked.

Non Scoring Materials

Some examination materials are included in the USMLE to enhance the examination system and to investigate the measurement properties of the examinations. Such materials are not scored.

Scoring for Multiple-Choice Items

Each Step includes multiple-choice items in blocks of 30 to 60 minutes. Blocks of items are constructed to meet specific content specifications. As a result, the combination of blocks of items creates a form of the Step that is content-equivalent to all other forms.

Scoring for Primum CCS

The CCS scoring process compares your patient management strategy with policies obtained from experts. Actions resembling a range of optimal strategies will produce a higher score.

You must balance thoroughness, efficiency, avoidance of risk, and timeliness in responding to the clinical situation. Dangerous and unnecessary actions will detract from your score.

Minimum Passing Scores

The USMLE program recommends a minimum passing score for each Step. Medical licensing authorities may accept the recommended pass/fail result, or they may establish their own passing score.

Recommended performance standards for the USMLE are based on a specified level of proficiency. As a result, no predetermined percentage of examinees will pass or fail the examination.

The recommended minimum passing level is reviewed periodically and may be adjusted at any time.

While the percentage of correctly answered multiple-choice items required to pass varies from form to form, typically you must answer 55 to 65 percent of items correctly to achieve a passing score.

A statistical procedure ensures that the performance required to pass each test form is equivalent to that needed to pass other forms; this process also places scores from different forms on a common scale.

For Step 3, your performance on the case simulations will affect your Step 3 score and could affect whether you pass or fail. The proportional contribution of the score on the case simulations is no greater than the amount of time you are allowed for the case simulations.

Official Examinee Score Reports

The official examinee score report you receive after you take a Step includes a pass/fail designation, numerical scores, and graphical performance profiles summarizing areas of strength and weakness to aid in self-assessment.

These profiles are developed solely for your benefit and will not be reported or verified to any third party.

Although most scores typically will be available for mailing your report within three to four weeks after your test date, delays are possible for various reasons.

In selecting your test date and inquiring about scores, you should allow at least six weeks after your test date to receive your score report.

Score Rechecks

Standard procedures ensure that the scores reported for you accurately reflect the responses recorded by the computer.

A change in score based on a recheck is an extremely remote possibility. However, a recheck will be done if you submit a written request and service fee to the entity that registered you for the Step.

Your request must be received by your registration entity no later than 90 days after the date your score report is mailed to you.

To avoid misinterpretation and protect your privacy, scores are not provided by telephone or fax to anyone. You should retain your official score report for your records.

Step 1 and Step 2 Score Reporting

After you take Step 1 or Step 2, your registration entity will send you your official score report. You should allow at least six weeks after your test date to receive your score report.

If you do not receive your original Step 1 or Step 2 score report, a request for a duplicate score report will be honoured up to 90 days after your test date.

You must make your request to the entity that registered you for the test. If more than 90 days have passed since your test date, scores will be reported to you only in the form of a USMLE transcript after you submit a written request and pay the required fee.

Step 3 Score Reporting

If you do not receive your original Step 3 score report after it is mailed to you, a request for a duplicate score report will be honoured up to 90 days after the test date.

You must make your request to the FSMB. You may not request a duplicate score report earlier than six weeks after your test date.

If more than 90 days have passed since your test date, scores will be reported to you only in the form of a USMLE transcript after you submit a written request and pay the required fee.

Providing Scores to Third Parties

If you want to send your USMLE scores to a third party, you must submit a written request and pay a fee. Your scores will be provided in the form of a USMLE transcript.

Examination data (including score information) from USMLE Steps may be used by the USMLE program or made available to third parties for research. In such instances, the data will be confidential, and individual examinees will not be identifiable in any publication.

If you do not wish your score to be made available for research purposes, you must advise the USMLE Secretariat in writing.

Except as described in this bulletin, USMLE scores will not be reported to you or third parties without your written request and payment of the transcript fee.

Your USMLE transcript includes the following:

- your complete score history of all Steps that you took;
- your history of any examinations for which no scores were reported
- indication of whether you have previously taken the former NBME Parts I, II, or III, or Federation Licensing Examination (FLEX);
- annotation if you were provided with any test accommodations;
- annotation and information documenting classification of any scores classified as indeterminate;
- annotation and information documenting any irregular behaviour and

- notation of any actions taken against you by medical licensing authorities or other credentialling entities that have been reported to the FSMB Board Action Databank.

To obtain your USMLE transcript or have it sent to a third party, you must contact the ECFMG, FSMB, or NBME. Which entity you contact depends on which Steps you have taken and where you want your transcript sent.

Contact the FSMB if you want your transcript sent to a medical licensing authority at any time. If you have not taken Step 3 and want your transcript sent to anyone other than a medical licensing authority, the request should be sent to the last entity that registered you.

ERAS - Transmittal

If you use ERAS, you may request electronic transmittal of your USMLE transcript to residency programs which participate in ERAS.

Graphical performance profiles, which are included on your original score reports, are not included in your USMLE transcript.

USMLE - Step 1

You will find some of the procedures that are common to Step 1 and Step 2 are repeated in section on Step 1 and in section on Step 2. Some readers may appear for Step 1 and some others for Step 2. So, to make each chapter self contained, we have included the procedures in both section. If you have already read them in the other section, you may skip the procedures and concentrate only on what is relevant to Step 1.

Updates

USMLE procedures may change from time to time. We will keep you informed about the latest changes with our free upgrades to the book. So, you need not worry about the changes.

Purpose of Step 1

Step 1 assesses whether you understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy.

Step 1 ensures mastery of not only the sciences underlying the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning.

It assesses a physician's ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care.

Sequence of Steps

If you meet the eligibility requirements to take Step 1 and/or Step 2, you may take either Step first. In other words, you can take Step 2 even before completing Step1.

Eligibility

The eligibility requirements for Step 1 differs depending on whether you are a medical school student or a medical school graduate.

Requirements for Students

To be eligible for Step 1, the following conditions must be satisfied,

- You must be officially enrolled in a foreign medical school that is listed in WHO Directory of Medical Schools both at the time that you apply and at the time that you take the exam.
- Your Medical School Dean, Vice Dean or Registrar must certify your current enrolment status on the application form. The date of the certification must be within four months of its receipt by ECFMG.
- You must have completed at least two years in medical school.

Requirements for Graduates

To be eligible for Step 1, the following conditions must be satisfied,

- You must be a graduate of a foreign medical school that was listed in the WHO Directory of Medical Schools at the time that you graduated.
- You must have had at least four credit years (academic years for which credit has been given toward completion of the medical curriculum) in attendance at your medical school.
- The official who certifies your status as a graduate must have signed the application form within four months of its receipt by ECFMG.

Change in Status

If your eligibility for Step 1 changes after you submit your application but before your scheduled test date, you must notify your registration entity promptly.

Failure to notify the change may result in irregular behaviour. If you take a Step1 for which you are not eligible, scores will not be reported or if previously reported, will be revoked.

Registration for USMLE

When you apply for Step 1 or Step 2, ECFMG processes your application and payment, determines your eligibility and notifies you of the outcome of your application.

If ECFMG determines that you are eligible, ECFMG will forward your registration information to the National Board of Medical Examiners (NBME).

After receiving this information, NBME will mail your Step 1 or Step 2 scheduling permit. You should always contact ECFMG if you have questions or concerns about this document.

The Registration Process

To take Step 1, you must:

- Decide time and place
- Get Correct materials
- Complete the Application Form
- Submit Application and Payment
- Receive Scheduling Permit
- Schedule Appointment with Prometric
- Take the Exam

Each of these Steps is discussed in detail below.

Decide Time and Place

This decision varies from individual to individual. As Step 1 is administered throughout the year, this process will not be a difficult one.

Appropriate Materials

Once you have decided when you want to take the exam, you should check that you are using the correct edition of the Information Booklet and application materials.

The edition of the Information Booklet / application materials that you will use depends upon when you want to take the exam. Each year materials change. So, make sure that you are using correct materials.

If any month in the applicant's desired eligibility period falls within the next calendar year, the applicant must use the next year's application materials.

The USMLE application materials may specify a date after which you cannot use these application materials.You should check for this date before you complete the application form.

Complete the Forms

Detailed application instructions are included with the application form. Follow these application instructions carefully and answer all questions completely.

You should review these instructions before you begin working on the application. Some of the necessary items require advance planning.

Send Application

Step 1 is offered on a regular basis throughout the year. So, there is no deadline to submit your application and payment for these exams.

You should send your application well in advance of the beginning of the eligibility period that you select.

ECFMG will notify you when your application is received.

Receive Scheduling Permit

ECFMG will forward you application to NBME. You will receive approval to sit for test from NBME in the form of scheduling permit.

If you are eligible, you will receive scheduling permit. The scheduling permit is your authorization to schedule your own testing appointment with Prometric.

Schedule the test

The exam will be delivered to you in one of Prometric's test centres. Step 1 and Step 2 are available at more than 500 Prometric test centres worldwide.

You should contact Prometric as soon as possible after receiving your scheduling permit.

When you contact Prometric to schedule, you will need to give the Scheduling Number listed on your scheduling permit.

Prometric will let you know what dates are available at the location you have chosen. When you make your appointment, Prometric will confirm with you the date and time of your exam.

As scheduling is an important process, we have explained it in detail in a later section.

Take the Exam

On the date of your testing appointment, you should arrive at the Prometric test centre thirty minutes before your scheduled start time.

Wherever possible it is a good idea to visit the centre the previous day to find out exact location.

You need to bring both your original scheduling permit and one of the following forms of unexpired, government-issued identification that contains both your signature and photograph:

- Passport
- Driver's license
- National identity card
- Other form of valid government-issued identification that has both your signature and photograph.

If you arrive late, you may not be allowed to take the exam.

Before beginning the exam, you will be asked to:

- Present your scheduling permit and identification,
- Sign in

- Have your photograph taken, and
- Store all of your personal belongings in a locker.

A proctor will lead you to a computer in the testing area. A proctor is a staff member in the test centre to guide you within the premises. He is not an examiner or a guide to USMLE.

To begin your exam, you must enter your CIN into the computer. CIN is your Candidate Identification Number.

The exam will begin with a brief tutorial. The tutorial will help you become familiar with how the computer and test software work. The answers that you choose during the tutorial do not contribute to your score on the exam.

When your testing appointment is over, you will sign out, and a proctor will give you a notice indicating that you appeared for the exam. This notice does not include your score.

Before leaving the test centre, you must turn in the portion of your scheduling permit which contains your CIN.

Scheduling

Before you can take up test, you must inform the test centre of the date when and the centre where you want to take up your test. This is known as scheduling.

Eligibility Period

Before you apply for Step 1, you must choose a three-month period, such as January-February-March, February-March-April, etc., during which you would like to take the exam. This three-month period is referred to as your eligibility period.

You can schedule your testing appointment with Prometric up to six months in advance of the beginning of your eligibility period.

You must enter the eligibility period that you prefer at the time of sending your application to ECFMG.

You must take the exam during the eligibility period assigned to you.You can take the exam on any day, if there is space.

If you apply for both Step 1 and Step 2 on the same application form, you can choose the same eligibility period for both Step 1 and Step 2, or you can choose a different eligibility period for each Step.

You should choose your eligibility period carefully. Keep in mind about public holidays and busy periods.

Your eligibility period will not be adjusted to compensate for dates when USMLE is not available.

ECFMG cannot assign you to the eligibility period you select if that eligibility period has already begun.

If your application is received at ECFMG after the beginning of the eligibility period you select, you will be assigned to the next eligibility period.

The eligibility period assigned to you will be listed on your scheduling permit.

When to Schedule

When applying for the USMLE or scheduling test dates, please keep the following in mind:

- You must have your Scheduling Permit before you contact Prometric to schedule a testing appointment.
- Appointments are assigned on a "first-come, first-served" basis;
- You may take the test on any day that it is offered during your assigned eligibility period

- You will be accommodated only if there is space at the Prometric test centre you choose.
- Prometric test centres are closed on major local holidays.
- Steps are not available during the first two weeks of January.
- The busiest testing times in the United States and Canada are May through July and November through December.
- Some Prometric test centres are open on weekend days.
- Your eligibility period will not be extended should Prometric be unable to meet your choice of test centre and date.

So, schedule as soon as possible after receiving your Scheduling Permit.

Scheduling Permit

Once ECFMG determines that you are eligible, ECFMG will also notify NBME of your eligibility. NBME will mail your scheduling permit within two weeks of this notification.

The scheduling permit is your authorization to schedule your testing appointment with Prometric.

You should verify the information on your Scheduling Permit before scheduling your appointment. Your Scheduling Permit includes the following:

- your name and mailing address
- the examination for which you registered
- your eligibility period
- your testing region
- your Scheduling Number
- your Candidate Identification Number (CIN)

Your scheduling permit is a very important document, and you should be careful not to lose it. You cannot schedule your testing appointment or take the exam without it.

You will not be able to take the test if you do not bring your official Scheduling Permit to the test centre.

Keep it in a secure location. If you lose your permit, contact your registration entity immediately. A fee may be charged to issue a replacement and you may be required to reschedule your appointment.

Your scheduling permit tells you how to contact Prometric to schedule a testing appointment or get current information on the test centres offering USMLE in your testing region.

You must have your scheduling permit before you can schedule your testing appointment.

Centre Location

USMLE Step 1 test is conducted at Prometric's test centres located at different parts of the world. You must know the difference between Testing Region and Testing Centre.

Testing Region

Prometric's test centres are grouped into distinct geographical regions. Each region is a testing region. Each region consists of one or more Prometric test centres. Each centre is called a testing centre.

You must choose the region where you want to take the exam and enter it on the application form. Your chosen region is known as your testing region.

Once your testing region has been assigned, it cannot be changed.

If you apply for both Step 1 and Step 2 on the same application form, you can choose the same testing region for both Step 1 and Step 2, or you can choose a different testing region for each Step.

You must take the exam in the testing region you select on the application form.You can take the exam at any test centre in your testing region that offers USMLE. Of course, there should be space available on the date you choose.

Test Centre

Test centre is the prometric office premise where your test will be administered. Although you need to choose a testing region at the time of application, you do not need to choose a particular test centre until you contact Prometric to schedule your testing appointment.

Centre Locator

Use the Prometric Test Centre Locator for up-to-date information on the locations of Prometric test centres. This web based locator is available in Prometric website. We have given the web addresses at the end of the chapter.

How to Schedule

Your Scheduling Number is needed when you contact Prometric to schedule test dates.

If you are testing in the United States or Canada, your Scheduling Permit includes a Prometric telephone number you must use to schedule your test date at the test centre of your choice.

If you are taking Step 1 or Step 2 outside the United States and Canada, your Scheduling Permit also includes instructions on how to schedule a test date by fax or mail, as an alternative to telephoning Prometric.

When you telephone Prometric, the Prometric representative will ask for information on your Scheduling Permit and will provide information regarding the centres and dates available on or near the date when you wish to take the test.

If your preferred centre or date is not available, the representative will advise you of other nearby centres or alternate dates when a testing appointment is available.

When you schedule your appointment, the Prometric representative will give you specific information which you should note in the space provided on your Scheduling Permit:

- the confirmed test day, date, and time;
- the address and telephone number of the Prometric test centre where you will test; and
- your Prometric Confirmation Number.

Be sure to record all of this information on your scheduling permit. Do not write anything else on your scheduling permit.

If you are testing in the United States or Canada, you may contact the Prometric test centre where your appointment is scheduled for needed information such as directions to the centre.

If you are testing outside the United States and Canada, you must contact the Regional Registration Centre for information.

Scheduling a testing appointment for a specific date at a Prometric test centre is not a guarantee that the scheduled test time or location will be available.

Candidate Identification Number

CIN is the short form of your Candidate Identification Number (CIN). The CIN is your private key entered into the computer at the Prometric Centre on the date of your test to unlock your exam and to initiate each test block. Prometric does not have access to your CIN.

You must keep this number confidential. For your own protection, do not share your CIN with anyone.

Scheduling Number

You must provide this number when you contact Prometric to schedule your testing appointment.

Prometric Confirmation Number

When you schedule your testing appointment, you will receive Prometric Confirmation Number. If you need to reschedule your testing appointment with Prometric, you will need this Confirmation Number.

Rescheduling

If you are unable to keep your testing appointment on the scheduled date or at the scheduled location, you may change your date or centre by contacting Prometric. This process is known as Rescheduling.

How to Reschedule

You must contact Prometric. You will need to provide your Prometric Confirmation Number when you reschedule.

To avoid a rescheduling fee, you must make your request at least five business days before your appointment. It must be made by noon local time of the Regional Registration Centre you are using to schedule your appointment.

If telephoning, you must speak with a Prometric representative. Leaving a voice mail message does not satisfy the requirement to provide advance

notice. If you provide less than five business days' notice, Prometric will charge you a fee to reschedule your test date.

Your rescheduled test date must fall within your eligibility period. If you do not take the test within your eligibility period and wish to take it in the future, you must reapply by submitting a new application and fee.

Prometric test centre at which you are scheduled may become unavailable after you have scheduled your appointment.

In that event, Prometric will attempt to notify you in advance of your scheduled testing appointment and to schedule you for a different time and/or centre.

However, on rare occasions, rescheduling your appointment for a different time or centre may occur at the last minute.

To avoid losses you would incur as a result, you should maintain flexibility in your travel arrangements, including any necessary airline travel.

After you start taking an examination, you cannot cancel or reschedule that examination, unless a technical problem requires rescheduling.

Computer Problems

If you experience a computer problem during the test, notify test centre staff immediately.

In the event of a technical problem, testing software is designed to allow the test to restart at the point it was interrupted. In most cases, your test can be restarted at the point of interruption with no loss of testing time.

It is possible that a technical problem may occur that requires that your test be rescheduled. In that event, you will be allowed to test at a later date at no additional charge.

Scoring

Examination Results

When you take Step 1, the computer records your responses. After your test ends, your responses are transmitted to the NBME for scoring.

The number of test items you answer correctly is converted to two equivalent scores, one on a three-digit score scale and one on a two-digit score scale. Both scales are used for score reporting purposes.

Three Digit Score

On the three-digit scale, most scores fall between 160 and 240. The mean score for first-time examinees from accredited medical schools in the United States is in the range of 200 to 220, and the standard deviation is approximately 20. Your score report will include the mean and standard deviation for recent administrations of the Step.

Two Digit Score

The two-digit score is derived from the three digit score. It is used in score reporting because some medical licensing authorities have requirements that include language describing a "passing score of 75." The two-digit score is derived in such a way that a score of 75 always corresponds to the minimum passing score.

Official Score Reports

The official Score Reports for Step 1 you receive after you take the test includes a pass/fail designation, numerical scores, and graphical performance profiles summarizing areas of strength and weakness to aid in self-assessment.

These profiles are developed solely for your benefit and will not be reported or verified to any third party.

Lost Reports

If you do not receive your Step 1 score report, you must send a written request for a duplicate score report to ECFMG.

Result Announcement

Scores will be available for mailing your report within three to four weeks after your test date. You should allow at least six weeks after your test date to receive your score report.

USMLE score reports and transcripts show your scores and an indication of whether you passed or failed. They will be sent by mail.

Scores are not provided by telephone or fax to anyone. You should retain your official score report for your records.

The same information is sent to medical licensing authorities for their use in granting the initial license to practice medicine.

USMLE transcript

Your USMLE transcript includes the following:

- your complete score history of all Steps that you took;
- your history of any examinations for which no scores were reported;
- indication of whether you have previously taken the former exam;
- annotation if you were provided with any test accommodations;
- annotation and information documenting classification of any scores classified as indeterminate
- annotation and information documenting any irregular behaviour
- notation of any actions taken against you by medical licensing authorities or other credentialling entities that have been reported to the FSMB Board Action Databank.

Obtaining Transcript

To obtain your USMLE transcript or have it sent to a third party, you must contact the ECFMG, FSMB, or NBME.

Which entity you contact depends on which Steps you have taken and where you want your transcript sent.

Contact the FSMB if you want your transcript sent to a medical licensing authority at any time.

If you have not taken Step 3 and want your transcript sent to anyone other than a medical licensing authority, the request should be sent to the last entity that registered you.

Pass Rates

Recommended performance standards for the USMLE are based on a specified level of proficiency. As a result, no predetermined percentage of examinees will pass or fail the examination. In other words, there are no predetermined pass rates.

Minimum Passing Score

A minimum score is required to pass USMLE Step 1. The minimum passing level is reviewed periodically and may be adjusted at any time.

The USMLE program recommends a minimum passing score for each Step. Medical licensing authorities may accept the recommended pass/fail result, or they may establish their own passing score.

At present, minimum passing score is 182.

While the percentage of correctly answered multiple-choice items required to pass varies from form to form, typically you must answer 55 to 65 percent of items correctly to achieve a passing score.

A statistical procedure ensures that the performance required to pass each test form is equivalent to that needed to pass other forms; this process also places scores from different forms on a common scale.

Score Rechecks

Standard procedures ensure that the scores reported for you accurately reflect the responses recorded by the computer.

A change in score based on a recheck is an extremely remote possibility. However, a recheck will be done if you submit a written request and service fee to the entity that registered you for the Step.

Your request must be received by your registration entity within 90 days after the date your score report is mailed to you.

Test Completion

To receive a score, you must complete the entire test.

This means that you must begin and either exit from or run out of time for each block of the test.

If you begin but do not complete a Step, no scores are reported, and the "incomplete examination" attempt appears on your USMLE transcript.

If you register for but do not take a Step, no record of the test will appear on your transcript.

If your examination is incomplete, you may request that a score be calculated and reported, with all missed test items scored as incorrect.

This score is likely to be lower than the score you would have achieved had you completed all sections of the examination.

If you decide to request calculation and reporting of your score, the score will appear on your USMLE transcript as though it were complete. It may not be retracted subsequently.

If you receive notification that your examination resulted in an incomplete attempt, contact your registration entity in writing no later than 45 days after the date the notification is mailed to you if you would like further information on having the score calculated and reported.

If you took a Step for which you were not eligible, scores for that test will not be reported or, if previously reported, will be revoked.

Non-Scoring Questions

Some examination materials are included in the USMLE to enhance the examination system and to investigate the measurement properties of the examinations. Such materials are not scored.

Scoring for Multiple-Choice Items

Each Step includes multiple-choice items in blocks of 30 to 60 minutes. Blocks of items are constructed to meet specific content specifications. As a result, the combination of blocks of items creates a form of the Step that is content-equivalent to all other forms.

Providing Scores to Third Parties

If you want to send your USMLE scores to a third party, you must submit a written request and pay a fee. Your scores will be provided in the form of a USMLE transcript.

USMLE scores will not be reported to third parties without your written request and payment of the transcript fee.

Reexamination

For the purpose of ECFMG certification, there is no limit on the number of times you can take a Step until you have passed that Step.

The USMLE program's recommendations to authorities are:

- You must complete Steps 1, 2 and 3 within a seven-year period, beginning when you first pass a Step;

- You cannot take more than six attempts to pass each Step without demonstration of acceptable additional educational experience.

The following rules must be kept in mind.

- You cannot take Step 1 more than three times within a 12-month period.
- For Step 1 you may retake the failed Step no earlier than the first day of the month after 60 days have elapsed since your previous test date.

As a result, if you reapply for Step 1, you must select an eligibility period that begins at least sixty days after your last attempt on the same Step.

Time Limit

Once you pass a Step, you may not repeat it, and you will have seven years to pass the other Step.

If you do not pass the other Step within a maximum of seven years, your previous passing score will no longer be valid for the purpose of ECFMG certification, and you must repeat the entire process

Retakes

If you fail a Step and want to retake it, you must reapply by submitting a new application and fee.

If you pass a Step, you are not allowed to retake it, except to comply with the time limit of a medical licensing authority for the completion of all Steps or a requirement imposed by another authority recognized by the USMLE program.

The medical licensing or other authority must provide information indicating that you are applying to retake the passed Step in order to comply with its requirement.

If you are repeating a Step because of a time limit, you may apply to retake the Step only after the applicable time limit has expired.

The number of attempts allowed to pass each Step and the time allowed to complete all Steps vary among jurisdictions.

Exam Content - Step 1

Step 1 includes test items in the following content areas:

- anatomy
- behavioural sciences
- biochemistry

- microbiology
- pathology
- pharmacology
- physiology
- interdisciplinary topics, such as nutrition, genetics, and aging

Step 1 is a broadly based, integrated examination. Test items commonly require you to perform one or more of the following tasks:

- Interpret graphic and tabular material.
- Identify gross and microscopic pathologic and normal specimens.
- Apply basic science knowledge to clinical problems.

Step 1 classifies test items along two dimensions: system and process.

USMLE Step 1 System Specifications

40%-50% General principles

50%-60% Individual organ systems

- cardiovascular
- hematopoietic/lymphoreticular
- gastrointestinal
- nervous/special senses
- renal/urinary
- skin/connective tissue

- reproductive
- musculoskeletal
- endocrine
- pulmonary/respiratory

USMLE Step 1 Process Specifications

30%-50% Normal structure and function

30%-50% Abnormal processes

15%-25% Principles of therapeutics

10%-20% Psychosocial, cultural, occupational and environmental considerations

The general principles category includes test items concerning those normal and abnormal processes that are not limited to specific organ systems.

Categories for individual organ systems include test items concerning those normal and abnormal processes that are system specific.

The Test

Format of the Exams

Step 1 is a one-day, multiple-choice exam.

Step 1 has approximately 350 multiple choice questions, divided into seven sixty-minute blocks, administered in one eight-hour testing session.

Duration

The test runs for 8 hours.

The computer will keep track of how much time you have left in each block and for the entire exam.

You will have sixty minutes to complete each block of questions. Once you begin a block of the test, no breaks are provided during the block.

What to Do

Questions in a block will appear on the computer screen one at a time. You will read the material available and select an answer to the question.

During the defined time to complete the test items in each block, you may answer the test items in any order, review your responses, and change answers. Case simulations must be taken in the order presented.

You can select an answer by pointing to the answer and clicking with the computer's mouse or by typing the letter (A, B, C, etc.) on the computer's keyboard that corresponds to the answer.

When you are finished with a question, you choose to move on to the next question. Once you exit the block or the time allotted for the block runs out, you cannot go back to the questions in that block.

Test Blocks

A test session contains many test blocks.

A test block runs for a fixed time and contains a specified number of questions.

Once you begin a block of the test, no breaks are provided during the block. Each block lasts approximately 30 to 60 minutes.

During blocks, the clock continues to run even if you leave the testing room for a personal emergency.

If you leave during a block, the test centre staff will report that fact as an irregular incident, and your results may be withheld.

Each time you take a break during the testing day, you are required to sign out if you leave the testing room and sign in when you return.

You must present your identification and the bottom of your Scheduling Permit each time you sign in. Each block ends when its time expires or when you exit from it.

The test session ends when all blocks have been completed (or the total time for the test expires).

You will sign out as you leave the test centre, hand in the bottom of your Scheduling Permit and the erasable writing surfaces and marker, and receive a notice that you appeared for the test.

Break Time

Your entire testing session is scheduled for a fixed amount of time. The computer keeps track of your overall time and the time allocated for each block of the test.

Fifteen minutes are allotted to complete the tutorial and 45 minutes for break time.

The 45 minutes for breaks can be divided in any manner, according to your preference. For example, you can take a short break at your seat after you complete a block, or you can take a longer break for a meal outside the test centre after you complete a few blocks.

If you do not use the entire 15 minutes for the tutorial or if you complete a block of the test early, the remaining time will be available for breaks. It will not be available to complete other blocks of the test.

As you progress through the blocks of the test, you should monitor how many blocks are remaining and how much break time is remaining.

If you take too much break time and exceed the allocated or accumulated break time, your time to complete the last block will be reduced.

After you complete or run out of time for each block during the test, you must respond when the computer asks you to indicate whether you want to take a break or continue.

Survey Block

If you complete the test with overall time remaining, you will be asked to complete an additional block that contains survey questions asking for information on your testing experience.

Test Preparation

Sample Test Materials

ECFMG provides applicants with sample test materials when they are registered for Step 1 or Step 2. These materials are available in two formats as a printed booklet and in the form of a CD.

Both the booklet and CD will help you become familiar with the types of questions you will encounter on the exams.

The CD will help you to become familiar with the exam software that you will encounter on the date of your exam.

You must practice with the exam software before taking the exam. One way to do this is to use the Step 1/Step 2 sample test materials that are available on the USMLE web site and on the USMLE CD.

ECFMG provides copies of the CD containing the sample test materials to foreign medical schools, U.S. embassies and consulates, overseas educational advising centres and a variety of other international organizations. The sample test materials may be available to you through one of these organizations.

Practice Session

If you have already received your scheduling permit for a computer-based Step, you can register to take a practice session for this Step at a Prometric test centre.

You must pay a fee to Prometric for this service. The materials used for the practice sessions at Prometric test centres are the same sample test materials available on the USMLE web site and on the USMLE CD. No new material will be presented during the Prometric practice sessions.

You can buy a new or second hand computer and practice at home.

More Resources

We have included may resources that will be helpful in USMLE Resources section. We will keep adding more and sending you the updates.

USMLE - Step 2

You will find some of the procedures that are common to Step 1 and Step 2 are repeated in section on Step 1 and in section on Step 2. Some readers may appear for Step 1 and some others for Step 2. So, to make each chapter self contained, we have included the procedures in both section. If you have already read them in the other section, you may skip the procedures and concentrate only on what is relevant to Step 2.

Updates

USMLE procedures may change from time to time. We will keep you informed about the latest changes with our free upgrades to the book. So, you need not worry about the changes.

Purpose of Step 2

Step 2 assesses whether you can apply medical knowledge and understand clinical science essential for the provision of patient care under supervision, and includes emphasis on health promotion and disease prevention.

Step 2 ensures that due attention is devoted to principles of clinical sciences that guarantees the safe and competent practice of medicine.

Sequence of Steps

If you meet the eligibility requirements to take Step 1 and/or Step 2, you may take either Step first. In other words, you can take Step 2 even before completing Step1.

Eligibility

The eligibility requirements for Step 2 differs depending on whether you are a medical school student or a medical school graduate.

Requirements for Students

To be eligible for Step 2, the following conditions must be satisfied,

- You must be officially enrolled in a foreign medical school that is listed in WHO Directory of Medical Schools both at the time that you apply and at the time that you take the exam.
- Your Medical School Dean, Vice Dean or Registrar must certify your current enrolment status on the application form. The date of

the certification must be within four months of its receipt by ECFMG.

- You must have completed at least two years of medical school.

Requirements for Graduates

To be eligible for Step 2, the following conditions must be satisfied,

- You must be a graduate of a foreign medical school that was listed in the WHO Directory of Medical Schools at the time that you graduated.
- You must have had at least four credit years (academic years for which credit has been given toward completion of the medical curriculum) in attendance at your medical school.
- The official who certifies your status as a graduate must have signed the application form within four months of its receipt by ECFMG.

Change in Status

If your eligibility for Step 2 changes after you submit your application but before your scheduled test date, you must notify your registration entity promptly.

Failure to notify the change may result in irregular behaviour. If you take a Step 2 for which you are not eligible, scores will not be reported or if previously reported, will be revoked.

Registration for USMLE

When you apply for Step 2, ECFMG processes your application and payment, determines your eligibility and notifies you of the outcome of your application.

If ECFMG determines that you are eligible, ECFMG will forward your registration information to the National Board of Medical Examiners (NBME).

After receiving this information, NBME will mail your Step 2 scheduling permit. You should always contact ECFMG if you have questions or concerns about this document.

The Registration Process

To take Step 2, you must:

- Decide time and place
- Get Correct materials
- Complete the Application Form
- Submit Application and Payment

- Receive Scheduling Permit
- Schedule Appointment with Prometric
- Take the Exam

Each of these Steps is discussed in detail below.

Decide Time and Place

This decision varies from individual to individual. As Step 2 is administered throughout the year, this process will not be a difficult one.

Appropriate Materials

Once you have decided, when you want to take the exam, you should check that you are using the correct edition of the Information Booklet and application materials.

The edition of the Information Booklet/application materials that you will use depends upon when you want to take the exam.Each year materials change. So, make sure that you are using correct materials.

If any month in the applicant's desired eligibility period falls within the next calendar year, the applicant must use the next year's application materials.

The USMLE application materials may specify a date after which you cannot use these application materials.You should check for this date before you complete the application form.

Complete the Forms

Detailed application instructions are included with the application form. Follow these application instructions carefully and answer all questions completely.

You should review these instructions before you begin working on the application. Some of the necessary items require advance planning.

Send Application

Step 2 are offered on a regular basis throughout the year. So, there is no deadline to submit your application and payment for these exams.

You should send your application well in advance of the beginning of the eligibility period that you select.

ECFMG will notify you when your application is received.

Receive Scheduling Permit

ECFMG will forward you application to NBME. You will receive approval to sit for test from NBME in the form of scheduling permit.

If you are eligible, you will receive scheduling permit. The scheduling permit is your authorization to schedule your own testing appointment with Prometric.

Schedule the test

The exam will be delivered to you in one of Prometric's test centres. Step 2 is available at more than 500 Prometric test centres worldwide.

You should contact Prometric as soon as possible after receiving your scheduling permit.

When you contact Prometric to schedule, you will need to give the Scheduling Number listed on your scheduling permit.

Prometric will let you know what dates are available at the location you have chosen. When you make your appointment, Prometric will confirm with you the date and time of your exam.

As scheduling is an important process, we have explained it in detail in a later section.

Take the Exam

On the date of your testing appointment, you should arrive at the Prometric test centre thirty minutes before your scheduled start time.

Wherever possible it is a good idea to visit the centre the previous day to find out exact location.

You need to bring both your original scheduling permit and one of the following forms of unexpired, government-issued identification that contains both your signature and photograph:

- Passport
- Driver's license
- National identity card
- Other form of valid government-issued identification that has both your signature and photograph.

If you arrive late, you may not be allowed to take the exam.

Before beginning the exam, you will be asked to:

- Present your scheduling permit and identification,
- Sign in
- Have your photograph taken, and
- Store all of your personal belongings in a locker.

A proctor will lead you to a computer in the testing area. A proctor is a staff in the test centre to guide you within the premises. He is not an examiner or a guide to USMLE.

To begin your exam, you must enter your CIN into the computer. CIN is your Candidate Identification Number.

The exam will begin with a brief tutorial. The tutorial will help you become familiar with how the computer and test software work. The answers that you choose during the tutorial do not contribute to your score on the exam.

When your testing appointment is over, you will sign out, and a proctor will give you a notice indicating that you appeared for the exam. This notice does not include your score.

Before leaving the test centre, you must turn in the portion of your scheduling permit which contains your CIN.

Scheduling

Before you can take up test, you must inform the test centre of the date when and the centre where you want to take up your test. This is known as scheduling.

Eligibility Period

Before you apply for Step 2, you must choose a three-month period, such as January-February-March, February-March-April, etc., during which you would like to take the exam. This three-month period is referred to as your eligibility period.

You can schedule your testing appointment with Prometric up to six months in advance of the beginning of your eligibility period.

You must enter the eligibility period that you prefer at the time of sending your application to ECFMG.

You must take the exam during the eligibility period assigned to you. You can take the exam on any day, if there is space.

If you apply for both Step 1 and Step 2 on the same application form, you can choose the same eligibility period for both Step 1 and Step 2, or you can choose a different eligibility period for each Step.

You should choose your eligibility period carefully. Keep in mind about public holidays and busy periods.

Your eligibility period will not be adjusted to compensate for dates when USMLE is not available.

ECFMG cannot assign you to the eligibility period you select if that eligibility period has already begun.

If your application is received at ECFMG after the beginning of the eligibility period you select, you will be assigned to the next eligibility period.

The eligibility period assigned to you will be listed on your scheduling permit.

When to Schedule

When applying for the USMLE or scheduling test dates, please keep the following in mind:

- You must have your Scheduling Permit before you contact Prometric to schedule a testing appointment.
- Appointments are assigned on a "first-come, first-served" basis;
- You may take the test on any day that it is offered during your assigned eligibility period
- You will be accommodated only if there is space at the Prometric test centre you choose.
- Prometric test centres are closed on major local holidays.
- Steps are not available during the first two weeks of January.
- The busiest testing times in the United States and Canada are May through July and November through December.

- Some Prometric test centres are open on weekend days.
- Your eligibility period will not be extended should Prometric be unable to meet your choice of test centre and date.

So, schedule as soon as possible after receiving your Scheduling Permit.

Scheduling Permit

Once ECFMG determines that you are eligible, ECFMG will also notify NBME of your eligibility. NBME will mail your scheduling permit within two weeks of this notification.

The scheduling permit is your authorization to schedule your testing appointment with Prometric.

You should verify the information on your Scheduling Permit before scheduling your appointment. Your Scheduling Permit includes the following:

- your name and mailing address
- the examination for which you registered
- your eligibility period
- your testing region
- your Scheduling Number
- your Candidate Identification Number (CIN)

Your scheduling permit is a very important document, and you should be careful not to lose it. You cannot schedule your testing appointment or take the exam without it.

You will not be able to take the test if you do not bring your official Scheduling Permit to the test centre.

Keep it in a secure location. If you lose your permit, contact your registration entity immediately. A fee may be charged to issue a replacement and you may be required to reschedule your appointment.

Your scheduling permit tells you how to contact Prometric to schedule a testing appointment or get current information on the test centres offering USMLE in your testing region.

You must have your scheduling permit before you can schedule your testing appointment.

Centre Location

USMLE Step 2 test is conducted at Prometric's test centres located at different parts of the world. You must know the difference between Testing Region and Testing Centre.

Testing Region

Prometric's test centres are grouped into distinct geographical regions. Each region is a testing region. Each region consists of one or more Prometric test centres. Each centre is called a testing centre.

You must choose the region where you want to take the exam and enter it on the application form. Your chosen region is known as your testing region.

Once your testing region has been assigned, it cannot be changed.

If you apply for both Step 1 and Step 2 on the same application form, you can choose the same testing region for both Step 1 and Step 2, or you can choose a different testing region for each Step.

You must take the exam in the testing region you select on the application form. You can take the exam at any test centre in your testing region that offers USMLE. Of course, there should be space available on the date you choose.

Test Centre

Test centre is the prometric office premise where your test will be administered. Although you need to choose a testing region at the time of

application, you do not need to choose a particular test centre until you contact Prometric to schedule your testing appointment.

Centre Locator

Use the Prometric Test Centre Locator for up-to-date information on the locations of Prometric test centres. This web based locator is available in Prometric website. We have given the website address at the end of the chapter.

How to Schedule

Your Scheduling Number is needed when you contact Prometric to schedule test dates.

If you are testing in the United States or Canada, your Scheduling Permit includes a Prometric telephone number you must use to schedule your test date at the test centre of your choice.

If you are taking Step 1 or Step 2 outside the United States and Canada, your Scheduling Permit also includes instructions on how to schedule a test date by fax or mail, as an alternative to telephoning Prometric.

When you telephone Prometric, the Prometric representative will ask for information on your Scheduling Permit and will provide information

regarding the centres and dates available on or near the date when you wish to take the test.

If your preferred centre or date is not available, the representative will advise you of other nearby centres or alternate dates when a testing appointment is available.

When you schedule your appointment, the Prometric representative will give you specific information which you should note in the space provided on your Scheduling Permit:

- the confirmed test day, date, and time;
- the address and telephone number of the Prometric test centre where you will test; and
- your Prometric Confirmation Number.

Be sure to record all of this information on your scheduling permit. Do not write anything else on your scheduling permit.

If you are testing in the United States or Canada, you may contact the Prometric test centre where your appointment is scheduled for needed information such as directions to the centre.

If you are testing outside the United States and Canada, you must contact the Regional Registration Centre for information.

Scheduling a testing appointment for a specific date at a Prometric test centre is not a guarantee that the scheduled test time or location will be available.

Candidate Identification Number

CIN is the short form of your Candidate Identification Number (CIN). The CIN is your private key entered into the computer at the Prometric Centre on the date of your test to unlock your exam and to initiate each test block.Prometric does not have access to your CIN.

You must keep this number confidential. For your own protection, do not share your CIN with anyone.

Scheduling Number

You must provide this number when you contact Prometric to schedule your testing appointment.

Prometric Confirmation Number

When you schedule your testing appointment, you will receive Prometric Confirmation Number. If you need to reschedule your testing appointment with Prometric, you will need this Confirmation Number.

Rescheduling

If you are unable to keep your testing appointment on the scheduled date or at the scheduled location, you may change your date or centre by contacting Prometric. This process is known as Rescheduling.

How to Reschedule

You must contact Prometric. You will need to provide your Prometric Confirmation Number when you reschedule.

To avoid a rescheduling fee, you must make your request at least five business days before your appointment. It must be made by noon local time of the Regional Registration Centre you are using to schedule your appointment.

If telephoning, you must speak with a Prometric representative. Leaving a voice mail message does not satisfy the requirement to provide advance notice. If you provide less than five business days' notice, Prometric will charge you a fee to reschedule your test date.

Your rescheduled test date must fall within your eligibility period. If you do not take the test within your eligibility period and wish to take it in the future, you must reapply by submitting a new application and fee.

Prometric test centre at which you are scheduled may become unavailable after you have scheduled your appointment.

In that event, Prometric will attempt to notify you in advance of your scheduled testing appointment and to schedule you for a different time and/or centre.

However, on rare occasions, rescheduling your appointment for a different time or centre may occur at the last minute.

To avoid losses you would incur as a result, you should maintain flexibility in your travel arrangements, including any necessary airline travel.

After you start taking an examination, you cannot cancel or reschedule that examination, unless a technical problem requires rescheduling.

Computer Problems

If you experience a computer problem during the test, notify test centre staff immediately.

In the event of a technical problem, testing software is designed to allow the test to restart at the point it was interrupted. In most cases, your test can be restarted at the point of interruption with no loss of testing time.

It is possible that a technical problem may occur that requires that your test be rescheduled. In that event, you will be allowed to test at a later date at no additional charge.

Scoring

Examination Results

When you take Step 2, the computer records your responses. After your test ends, your responses are transmitted to the NBME for scoring.

The number of test items you answer correctly is converted to two equivalent scores, one on a three-digit score scale and one on a two-digit score scale. Both scales are used for score reporting purposes.

Three Digit Score

On the three-digit scale, most scores fall between 160 and 240. The mean score for first-time examinees from accredited medical schools in the United States is in the range of 200 to 220, and the standard deviation is approximately 20. Your score report will include the mean and standard deviation for recent administrations of the Step.

Two Digit Score

The two-digit score is derived from the three digit score. It is used in score reporting because some medical licensing authorities have requirements that include language describing a "passing score of 75." The two-digit score is derived in such a way that a score of 75 always corresponds to the minimum passing score.

Official Score Reports

The official Score Reports for Step 2 you receive after you take the test includes a pass/fail designation, numerical scores, and graphical performance profiles summarizing areas of strength and weakness to aid in self-assessment.

These profiles are developed solely for your benefit and will not be reported or verified to any third party.

Lost Reports

If you do not receive your Step 2 score report, you must send a written request for a duplicate score report to ECFMG.

Result Announcement

Scores will be available for mailing your report within three to four weeks after your test date. You should allow at least six weeks after your test date to receive your score report.

USMLE score reports and transcripts show your scores and an indication of whether you passed or failed. They will be sent by mail.

Scores are not provided by telephone or fax to anyone. You should retain your official score report for your records.

The same information is sent to medical licensing authorities for their use in granting the initial license to practice medicine.

USMLE transcript

Your USMLE transcript includes the following:

- your complete score history of all Steps that you took;
- your history of any examinations for which no scores were reported;
- indication of whether you have previously taken the former exam;
- annotation if you were provided with any test accommodations;
- annotation and information documenting classification of any scores classified as indeterminate

- annotation and information documenting any irregular behaviour
- notation of any actions taken against you by medical licensing authorities or other credentialling entities that have been reported to the FSMB Board Action Databank.

Obtaining Transcript

To obtain your USMLE transcript or have it sent to a third party, you must contact the ECFMG, FSMB, or NBME.

Which entity you contact depends on which Steps you have taken and where you want your transcript sent.

Contact the FSMB if you want your transcript sent to a medical licensing authority at any time.

If you have not taken Step 3 and want your transcript sent to anyone other than a medical licensing authority, the request should be sent to the last entity that registered you.

Pass Rates

Recommended performance standards for the USMLE are based on a specified level of proficiency. As a result, no predetermined percentage of

examinees will pass or fail the examination. In other words, there are no predetermined pass rates.

Minimum Passing Score

A minimum score is required to pass USMLE Step 2. The minimum passing level is reviewed periodically and may be adjusted at any time.

The USMLE program recommends a minimum passing score for each Step. Medical licensing authorities may accept the recommended pass/fail result, or they may establish their own passing score.

While the percentage of correctly answered multiple-choice items required to pass varies from form to form, typically you must answer 55 to 65 percent of items correctly to achieve a passing score.

A statistical procedure ensures that the performance required to pass each test form is equivalent to that needed to pass other forms; this process also places scores from different forms on a common scale.

Score Rechecks

Standard procedures ensure that the scores reported for you accurately reflect the responses recorded by the computer.

A change in score based on a recheck is an extremely remote possibility. However, a recheck will be done if you submit a written request and service fee to the entity that registered you for the Step.

Your request must be received by your registration entity within 90 days after the date your score report is mailed to you.

Test Completion

To receive a score, you must complete the entire test.

This means that you must begin and either exit from or run out of time for each block of the test.

If you begin but do not complete a Step, no scores are reported, and the "incomplete examination" attempt appears on your USMLE transcript.

If you register for but do not take a Step, no record of the test will appear on your transcript.

If your examination is incomplete, you may request that a score be calculated and reported, with all missed test items scored as incorrect.

This score is likely to be lower than the score you would have achieved had you completed all sections of the examination.

If you decide to request calculation and reporting of your score, the score will appear on your USMLE transcript as though it were complete. It may not be retracted subsequently.

If you receive notification that your examination resulted in an incomplete attempt, contact your registration entity in writing no later than 45 days after the date the notification is mailed to you if you would like further information on having the score calculated and reported.

If you took a Step for which you were not eligible, scores for that test will not be reported or, if previously reported, will be revoked.

Non-Scoring Questions

Some examination materials are included in the USMLE to enhance the examination system and to investigate the measurement properties of the examinations. Such materials are not scored.

Scoring for Multiple-Choice Items

Each Step includes multiple-choice items in blocks of 30 to 60 minutes. Blocks of items are constructed to meet specific content specifications. As a result, the combination of blocks of items creates a form of the Step that is content-equivalent to all other forms.

Providing Scores to Third Parties

If you want to send your USMLE scores to a third party, you must submit a written request and pay a fee. Your scores will be provided in the form of a USMLE transcript.

USMLE scores will not be reported to third parties without your written request and payment of the transcript fee.

Reexamination

For the purpose of ECFMG certification, there is no limit on the number of times you can take a Step until you have passed that Step.

The USMLE program's recommendations to authorities are:

- You must complete Steps 1, 2 and 3 within a seven-year period, beginning when you first pass a Step;
- You cannot take more than six attempts to pass each Step without demonstration of acceptable additional educational experience.

The following rules must be kept in mind.

- You cannot take Step 2 more than three times within a 12-month period.

- For Step 2 you may retake the failed Step no earlier than the first day of the month after 60 days have elapsed since your previous test date.

As a result, if you reapply for Step 2, you must select an eligibility period that begins at least sixty days after your last attempt on the same Step.

Time Limit

Once you pass a Step, you may not repeat it, and you will have seven years to pass the other Step.

If you do not pass the other Step within a maximum of seven years, your previous passing score will no longer be valid for the purpose of ECFMG certification, and you must repeat the entire process

Retakes

If you fail a Step and want to retake it, you must reapply by submitting a new application and fee.

If you pass a Step, you are not allowed to retake it, except to comply with the time limit of a medical licensing authority for the completion of all Steps or a requirement imposed by another authority recognized by the USMLE program.

The medical licensing or other authority must provide information indicating that you are applying to retake the passed Step in order to comply with its requirement.

If you are repeating a Step because of a time limit, you may apply to retake the Step only after the applicable time limit has expired.

The number of attempts allowed to pass each Step and the time allowed to complete all Steps vary among jurisdictions.

Exam Content - Step 2

Step 2 includes test items in the following content areas:

- internal medicine
- obstetrics and gynaecology
- paediatrics
- preventive medicine
- psychiatry
- surgery
- other areas relevant to provision of care under supervision

Most Step 2 test items describe clinical situations and require that you provide one or more of the following:

- a diagnosis

- a prognosis
- an indication of underlying mechanisms of disease
- the next Step in medical care, including preventive measures

Step 2 is a broadly based, integrated examination. It frequently requires interpretation of tables and laboratory data, imaging studies, photographs of gross and microscopic pathologic specimens, and results of other diagnostic studies.

Step 2 classifies test items along two dimensions: physician task and disease category.

Normal Conditions and Disease Categories

. Normal growth and development and general principles of care

. Individual organ systems or types of disorders

- immunologic disorders
- diseases of the blood and blood-forming organs
- mental disorders
- diseases of the nervous system and special senses
- cardiovascular disorders
- diseases of the respiratory system
- nutritional and digestive disorders
- gynaecologic disorders

- renal, urinary, and male reproductive systems
- disorders of pregnancy, childbirth, and the puerperium
- disorders of the skin and subcutaneous tissue
- diseases of the musculoskeletal system and connective tissue
- endocrine and metabolic disorders

Physician Task

15%-20% Promoting preventive medicine and health maintenance

20%-35% Understanding mechanisms of disease

25%-40% Establishing a diagnosis

15%-25% Applying principles of management

The Test

Format of the Exams

Step 2 is a one-day, multiple-choice exam.

Step 2 has approximately 400 multiple choice questions, divided into eight sixty-minute blocks, administered in one nine hour testing session.

Duration

The test runs for 9 hours.

The computer will keep track of how much time you have left in each block and for the entire exam.

You will have sixty minutes to complete each block of questions. Once you begin a block of the test, no breaks are provided during the block.

What to Do

Questions in a block will appear on the computer screen one at a time. You will read the material available and select an answer to the question.

During the defined time to complete the test items in each block, you may answer the test items in any order, review your responses, and change answers. Case simulations must be taken in the order presented.

You can select an answer by pointing to the answer and clicking with the computer's mouse or by typing the letter (A, B, C, etc.) on the computer's keyboard that corresponds to the answer.

When you are finished with a question, you choose to move on to the next question. Once you exit the block or the time allotted for the block runs out, you cannot go back to the questions in that block.

Test Blocks

A test session contains many test blocks.

A test block runs for a fixed time and contains a specified number of questions.

Once you begin a block of the test, no breaks are provided during the block. Each block lasts approximately 30 to 60 minutes.

During blocks, the clock continues to run even if you leave the testing room for a personal emergency.

If you leave during a block, the test centre staff will report that fact as an irregular incident, and your results may be withheld.

Each time you take a break during the testing day, you are required to sign out if you leave the testing room and sign in when you return.

You must present your identification and the bottom of your Scheduling Permit each time you sign in. Each block ends when its time expires or when you exit from it.

The test session ends when all blocks have been completed (or the total time for the test expires).

You will sign out as you leave the test centre, hand in the bottom of your Scheduling Permit and the erasable writing surfaces and marker, and receive a notice that you appeared for the test.

Break Time

Your entire testing session is scheduled for a fixed amount of time. The computer keeps track of your overall time and the time allocated for each block of the test.

Fifteen minutes are allotted to complete the tutorial and 45 minutes for break time.

The 45 minutes for breaks can be divided in any manner, according to your preference. For example, you can take a short break at your seat after you complete a block, or you can take a longer break for a meal outside the test centre after you complete a few blocks.

If you do not use the entire 15 minutes for the tutorial or if you complete a block of the test early, the remaining time will be available for breaks. It will not be available to complete other blocks of the test.

As you progress through the blocks of the test, you should monitor how many blocks are remaining and how much break time is remaining.

If you take too much break time and exceed the allocated or accumulated break time, your time to complete the last block will be reduced.

After you complete or run out of time for each block during the test, you must respond when the computer asks you to indicate whether you want to take a break or continue.

Survey Block

If you complete the test with overall time remaining, you will be asked to complete an additional block that contains survey questions asking for information on your testing experience.

Test Preparation

Sample Test Materials

ECFMG provides applicants with sample test materials when they are registered for Step 1 or Step 2. These materials are available in two formats as a printed booklet and in the form of a CD.

Both the booklet and CD will help you become familiar with the types of questions you will encounter on the exams.

The CD will help you to become familiar with the exam software that you will encounter on the date of your exam.

You must practice with the exam software before taking the exam. One way to do this is to use the Step 1 / Step 2 sample test materials that are available on the USMLE web site and on the USMLE CD.

ECFMG provides copies of the CD containing the sample test materials to foreign medical schools, U.S. embassies and consulates, overseas educational advising centres and a variety of other international organizations. The sample test materials may be available to you through one of these organizations.

Practice Session

If you have already received your scheduling permit for a computer-based Step, you can register to take a practice session for this Step at a Prometric test centre.

You must pay a fee to Prometric for this service. The materials used for the practice sessions at Prometric test centres are the same sample test materials available on the USMLE web site and on the USMLE CD. No new material will be presented during the Prometric practice sessions.

You can buy a new or second hand computer and practice at home.

More Resources

We have included many resources that will be helpful in USMLE Resources section. We will keep adding more and sending you the updates.

USMLE - Step 3

Purpose of Step 3

Step 3 assesses whether you can apply medical knowledge and understand biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings.

Step 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care. In other words, it allows you to take up medical practice without supervision.

Step 3 is not necessary to get ECFMG standard certificate.

Sequence of Steps

You may apply for Step 3 only after passing both Step 1 and Step 2.

Applying for Step 3

To request information on Step 3 eligibility requirements and application procedures, contact the FSMB or the Medical Licensing Authority to which you wish to apply.

Application procedures for Step 3 vary among jurisdictions.

You should begin inquiries at least three months in advance of the dates on which you expect to take the test.

After you obtain application materials, review and follow the application instructions to complete your application and submit it to the Medical Licensing Authority or the FSMB as directed in the instructions.

Eligibility

To be eligible for Step 3, prior to submitting your application,

- you must meet the Step 3 requirements set by the medical licensing authority to which you are applying,
- obtain the MD degree (or its equivalent) or the DO degree,
- obtain passing scores on Step 1 and Step 2, and
- obtain certification by the ECFMG or successfully complete a "Fifth Pathway" program if you are a graduate of a foreign medical school.

The USMLE program recommends that for Step 3 eligibility licensing authorities require the completion, or near completion, of at least one postgraduate training year in a program of graduate medical education

accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the AOA.

Fifth Pathway

"Fifth Pathway" program is an academic year of supervised clinical education provided by an LCME-accredited medical school, and is available to persons who meet all of the following conditions:

A. Have completed, in an accredited college or university in the United States, undergraduate premedical work of the quality acceptable for matriculation in an LCME-accredited medical school;

B. Have studied medicine in a medical school located outside the United States, Puerto Rico, and Canada that is listed in the World Directory of Medical Schools, published by the World Health Organization;

C. Have completed all of the formal requirements of that medical school except internship and/or social service. (Those who have completed all of these requirements, including an internship and/or social service, and all of the above requirements are not eligible for a Fifth Pathway program.)

Students who have completed the academic curriculum in residence at a non-US medical school and who meet the above conditions may be offered the opportunity to substitute, for an internship and/or social serv-

ice required by a non-US medical school, an academic year of supervised clinical training in a medical school accredited by the LCME.

Before beginning the supervised clinical training, students must pass an examination acceptable to the sponsoring medical school.

Any medical school accredited by the LCME can provide Fifth Pathway education.

Change in Status

If your eligibility for a Step changes after you submit your application but before your scheduled test date, you must notify your registration entity promptly.

Failure to notify the change may result in irregular behaviour. If you take a Step1 for which you are not eligible, scores will not be reported or if previously reported, will be revoked.

Test Scheduling

Step 3 will be delivered to you in one of Prometric's test centres in the United States and its territories.

You should contact Prometric as soon as possible after receiving your scheduling permit.

When you contact Prometric to schedule, you will need to give the Scheduling Number listed on your scheduling permit.

Prometric will let you know what dates are available at the location you have chosen. When you make your appointment, Prometric will confirm with you the date and time of your exam.

Taking the Exam

On the date of your testing appointment, you should arrive at the Prometric test centre thirty minutes before your scheduled start time.

Wherever possible it is a good idea to visit the centre the previous day to find out exact location.

You need to bring both your original scheduling permit and one of the following forms of unexpired, government-issued identification that contains both your signature and photograph:

- Passport
- Driver's license
- National identity card
- Other form of valid government-issued identification that has both your signature and photograph.

If you arrive late, you may not be allowed to take the exam.

Before beginning the exam, you will be asked to:

- Present your scheduling permit and identification,
- Sign in
- Have your photograph taken, and
- Store all of your personal belongings in a locker.

A proctor will lead you to a computer in the testing area. A proctor is a staff in the test centre to guide you within the premises. He is not an examiner or a guide to USMLE.

To begin your exam, you must enter your CIN into the computer. CIN is your Candidate Identification Number.

The exam will begin with a brief tutorial. The tutorial will help you become familiar with how the computer and test software work. The answers that you choose during the tutorial do not contribute to your score on the exam.

When your testing appointment is over, you will sign out, and a proctor will give you a notice indicating that you appeared for the exam. This notice does not include your score.

Before leaving the test centre, you must turn in the portion of your scheduling permit which contains your CIN.

Scheduling

Before you can take up test, you must inform the test centre of the date when and the centre where you want to take up your test. This is known as scheduling.

When you schedule your Step 3 dates, the two days on which you take the test will be consecutive days unless the centre is closed on the day that follows your first day of testing. In that event, prometric will assign you to the next day the centre is open for your second day of testing. In all other cases, you must take Step 3 on two consecutive days at the same test centre.

Eligibility Period for Step 3

For Step 3, you may not select a specific eligibility period.

In deciding when to apply for Step 3, allow approximately two to four weeks for processing.

Time for processing will vary depending on the particular medical licensing authority and the volume of applications.

Upon complete processing of your Step 3 application and confirmation of eligibility, a Scheduling permit is mailed to you with instructions for making an appointment at a prometric test centre.

You may not change your eligibility period once it has been assigned.

The scheduling and rescheduling of Step 3 is similar to Step 1 and Step 2.

Centre Location

USMLE Step 3 test is conducted at Prometric's test centres located in the United States and its territories.

Computer Problems

If you experience a computer problem during the test, notify test centre staff immediately.

In the event of a technical problem, testing software is designed to allow the test to restart at the point it was interrupted. In most cases, your test can be restarted at the point of interruption with no loss of testing time.

It is possible that a technical problem may occur that requires that your test be rescheduled. In that event, you will be allowed to test at a later date at no additional charge.

Scoring

Examination Results

When you take Step 3, the computer records your responses. After your test ends, your responses are transmitted to the NBME for scoring.

The number of test items you answer correctly is converted to two equivalent scores, one on a three-digit score scale and one on a two-digit score scale. Both scales are used for score reporting purposes.

Three Digit Score

On the three-digit scale, most scores fall between 160 and 240. The mean score for first-time examinees from accredited medical schools in the United States is in the range of 200 to 220, and the standard deviation is approximately 20. Your score report will include the mean and standard deviation for recent administrations of the Step.

Two Digit Score

The two-digit score is derived from the three digit score. It is used in score reporting because some medical licensing authorities have requirements that include language describing a "passing score of 75." The two-digit

score is derived in such a way that a score of 75 always corresponds to the minimum passing score.

Minimum Passing Score

At present, the minimum passing score is 182.

Official Score Reports

The official Score Reports for Step 3 you receive after you take the test includes a pass/fail designation, numerical scores, and graphical performance profiles summarizing areas of strength and weakness to aid in self-assessment.

These profiles are developed solely for your benefit and will not be reported or verified to any third party.

Lost Reports

If you do not receive your Step 3 score report, a request for a duplicate score report will be honoured up to 90 day after the test date.

You must make your request to the FSMB.

Result Announcement

Scores will be available for mailing your report within three to four weeks after your test date. You should allow at least six weeks after your test date to receive your score report.

USMLE score reports and transcripts show your scores and an indication of whether you passed or failed. They will be sent by mail.

Scores are not provided by telephone or fax to anyone. You should retain your official score report for your records.

The same information is sent to medical licensing authorities for their use in granting the initial license to practice medicine.

USMLE transcript

Your USMLE transcript includes the following:

- your complete score history of all Steps that you took;
- your history of any examinations for which no scores were reported;
- indication of whether you have previously taken the former exam;
- annotation if you were provided with any test accommodations;
- annotation and information documenting classification of any scores classified as indeterminate

- annotation and information documenting any irregular behaviour
- notation of any actions taken against you by medical licensing authorities or other credentialling entities that have been reported to the FSMB Board Action Databank.

Obtaining Transcript

To obtain your USMLE transcript or have it sent to a third party, you must contact the ECFMG, FSMB, or NBME.

Which entity you contact depends on which Steps you have taken and where you want your transcript sent.

Contact the FSMB if you want your transcript sent to a medical licensing authority at any time.

If you have not taken Step 3 and want your transcript sent to anyone other than a medical licensing authority, the request should be sent to the last entity that registered you.

Pass Rates

Recommended performance standards for the USMLE are based on a specified level of proficiency. As a result, no predetermined percentage of

examinees will pass or fail the examination. In other words, there are no predetermined pass rates.

Minimum Passing Score

A minimum score is required to pass USMLE Steps. The minimum passing level is reviewed periodically and may be adjusted at any time.

The USMLE program recommends a minimum passing score for each Step. Medical licensing authorities may accept the recommended pass/fail result, or they may establish their own passing score.

While the percentage of correctly answered multiple-choice items required to pass varies from form to form, typically you must answer 55 to 65 percent of items correctly to achieve a passing score.

A statistical procedure ensures that the performance required to pass each test form is equivalent to that needed to pass other forms; this process also places scores from different forms on a common scale.

For Step 3, your performance on the case simulations will affect your Step 3 score and could affect whether you pass or fail.

The proportional contribution of the score on the case simulations in no greater than the amount of time you are allowed for the case simulations.

Score Rechecks

Standard procedures ensure that the scores reported for you accurately reflect the responses recorded by the computer.

A change in score based on a recheck is an extremely remote possibility. However, a recheck will be done if you submit a written request and service fee to the entity that registered you for the Step.

Your request must be received by your registration entity within 90 days after the date your score report is mailed to you.

Test Completion

To receive a score, you must complete the entire test.

This means that you must begin and either exit from or run out of time for each block of the test.

If you begin but do not complete a Step, no scores are reported, and the "incomplete examination" attempt appears on your USMLE transcript.

If you register for but do not take a Step, no record of the test will appear on your transcript.

If your examination is incomplete, you may request that a score be calculated and reported, with all missed test items scored as incorrect.

This score is likely to be lower than the score you would have achieved had you completed all sections of the examination.

If you decide to request calculation and reporting of your score, the score will appear on your USMLE transcript as though it were complete. It may not be retracted subsequently.

If you receive notification that your examination resulted in an incomplete attempt, contact your registration entity in writing no later than 45 days after the date the notification is mailed to you if you would like further information on having the score calculated and reported.

If you took a Step for which you were not eligible, scores for that test will not be reported or, if previously reported, will be revoked.

Non-Scoring Questions

Some examination materials are included in the USMLE to enhance the examination system and to investigate the measurement properties of the examinations. Such materials are not scored.

Scoring for Multiple-Choice Items

Each Step includes multiple-choice items in blocks of 30 to 60 minutes. Blocks of items are constructed to meet specific content specifications. As

a result, the combination of blocks of items creates a form of the Step that is content-equivalent to all other forms.

Scoring for Primum CCS

The CCS scoring process compares your patient management strategy with policies obtained from experts. Actions resembling a range of optimal strategies will produce a higher score.

You must balance thoroughness, efficiency, avoidance of risk, and timeliness in responding to the clinical situation. Dangerous and unnecessary actions will detract from your score.

Providing Scores to Third Parties

If you want to send your USMLE scores to a third party, you must submit a written request and pay a fee. Your scores will be provided in the form of a USMLE transcript.

USMLE scores will not be reported to third parties without your written request and payment of the transcript fee.

Exam Content - Step 3

Step 3 is organized along two principal dimensions: clinical encounter frame and physician task. Step 3 content reflects a data-based model of generalist medical practice in the United States.

Encounter frames capture the essential features of circumstances surrounding physicians' clinical activity with patients.

They range from encounters with patients seen for the first time for non emergency problems, to encounters with regular patients seen in the context of continued care, to patient encounters in (life-threatening) emergency situations.

Encounters occur in clinics, offices, nursing homes, hospitals, emergency departments, and on the telephone.

Each test item in an encounter frame also represents one of the six physician tasks. For example, initial care encounters emphasize taking a history and performing a physical examination. In contrast, continued care encounters emphasize decisions regarding prognosis and management.

High-frequency, high-impact diseases also organize the content of Step 3. Clinician experts assign clinical problems related to these diseases to individual clinical encounter frames to represent their occurrence in generalist practice.

Step 3 Specifications: Clinical Encounter Frame

20%-30% Initial care

55%-65% Continued care

10%-20% Emergency care

Physician Task

8%-12% Obtaining history and performing physical examination

8%-12% Using laboratory and diagnostic studies

8%-12% Formulating most likely diagnosis

8%-12% Evaluating severity of patient's problems

8%-12% Applying scientific concepts and mechanisms of disease

45%-55% Managing the patient

- health maintenance
- clinical intervention
- clinical therapeutics
- legal and ethical issues

The Test

Format of the Exams

Step 3 has approximately 500 multiple choice items, divided into blocks of 25 to 50 items, and approximately nine computer based case simulations, taken in blocks of one or more cases. You will have between 30 and 60 minutes to complete each block.

Primum CCS

Primum CCS allows you to provide care for a simulated patient. You decide which diagnostic information to obtain and how to treat and monitor the patient's progress.

The computer records each Step you take in caring for the patient and scores your overall performance. This format permits assessment of clinical decision making skills in a more realistic and integrated manner than other available formats.

In Primum CCS, you may request information

- from the history and physical examination;
- order laboratory studies, procedures and consultants;
- start medications and other therapies.

Any of the thousands of possible entries that you type on the "order sheet" are processed and verified by the "clerk."

When you confirm that there in nothing further you wish to do, you decide when to reevaluate the patient by advancing time.

As time passes, the patient's condition changes based on the underlying problem and your interventions.

Test results are reported and results of intervention must be monitored.

You suspend the movement of time as you consider next Steps.

While you cannot go back in time, you can change your orders to reflect your updated management plan.

The patient's chart contains, in addition to the order sheet, the reports resulting from your orders.

By selecting the appropriate chart tabs, you can review vital signs, progress notes, nurses' notes, and test results.

You may care for and move the patient among the office, home, emergency department, intensive care unit and hospital ward.

Practice time with the Primum software is not available on the test day.

Therefore you must review the Primum CCS orientation materials and practice with all the sample cases well in advance of your testing day to have a good understanding of how the CCS system works.

CCS sample cases are provided to Step 3 applicants on the USMLE CD and are available at the USMLE website.

Duration

Step 3 is administered in two eight hour testing sessions.

The computer will keep track of how much time you have left in each block and for the entire exam.

You will have sixty minutes to complete each block of questions. Once you begin a block of the test, no breaks are provided during the block.

What to Do

Questions in a block will appear on the computer screen one at a time. You will read the material available and select an answer to the question.

During the defined time to complete the test items in each block, you may answer the test items in any order, review your responses, and change answers. Case simulations must be taken in the order presented.

You can select an answer by pointing to the answer and clicking with the computer's mouse or by typing the letter (A, B, C, etc.) on the computer's keyboard that corresponds to the answer.

When you are finished with a question, you choose to move on to the next question. Once you exit the block or the time allotted for the block runs out, you cannot go back to the questions in that block.

Test Blocks

A test session contains many test blocks.

A test block runs for a fixed time and contains a specified number of questions.

Once you begin a block of the test, no breaks are provided during the block. Each block lasts approximately 30 to 60 minutes.

During blocks, the clock continues to run even if you leave the testing room for a personal emergency.

If you leave during a block, the test centre staff will report that fact as an irregular incident, and your results may be withheld.

Each time you take a break during the testing day, you are required to sign out if you leave the testing room and sign in when you return.

You must present your identification and the bottom of your Scheduling Permit each time you sign in. Each block ends when its time expires or when you exit from it.

The test session ends when all blocks have been completed (or the total time for the test expires).

You will sign out as you leave the test centre, hand in the bottom of your Scheduling Permit and the erasable writing surfaces and marker, and receive a notice that you appeared for the test.

Break Time

Your entire testing session is scheduled for a fixed amount of time. The computer keeps track of your overall time and the time allocated for each block of the test.

Fifteen minutes are allotted to complete the tutorial and 45 minutes for break time.

The 45 minutes for breaks can be divided in any manner, according to your preference. For example, you can take a short break at your seat after you complete a block, or you can take a longer break for a meal outside the test centre after you complete a few blocks.

If you do not use the entire 15 minutes for the tutorial or if you complete a block of the test early, the remaining time will be available for breaks. It will not be available to complete other blocks of the test.

As you progress through the blocks of the test, you should monitor how many blocks are remaining and how much break time is remaining.

If you take too much break time and exceed the allocated or accumulated break time, your time to complete the last block will be reduced.

After you complete or run out of time for each block during the test, you must respond when the computer asks you to indicate whether you want to take a break or continue.

Survey Block

If you complete the test with overall time remaining, you will be asked to complete an additional block that contains survey questions asking for information on your testing experience.

Test Preparation

Sample Test Materials

FSMB provides applicants with sample test materials when they are registered for Step 3. These materials are available in two formats as a printed booklet and in the form of a CD.

Both the booklet and CD will help you become familiar with the types of questions you will encounter on the exams.

The CD will help you to become familiar with the exam software that you will encounter on the date of your exam.

You must practice with the exam software before taking the exam. One way to do this is to use sample test materials that are available on the USMLE web site and on the USMLE CD.

Practice Session

If you have already received your scheduling permit for a computer-based Step, you can register to take a practice session for this Step at a Prometric test centre.

You must pay a fee to Prometric for this service. The materials used for the practice sessions at Prometric test centres are the same sample test mate-

rials available on the USMLE web site and on the USMLE CD. No new material will be presented during the Prometric practice sessions.

You can buy a new or second hand computer and practice at home.

USMLE Resources

Courses

- **Kaplan**
  Website: http://www.kaplanmedical.com/
- **Princeton Review**
  Website: http://www.review.com/
- **North Western Learning Center**
  Website: http://www.voyager.net/nw/usmle.html
- **LMW**
  Website: http://www.wwilkins.com/
- **Exam Master**
  Website: http://www.exammaster.com/
- **BoardsPrep**
  Website: http://www.boardsprep.com/
- **MD4Sure**

Website: http://www.md4sure.com/

MCQE
Website: http://www.mcqe.net/

medrevu
Website: http://www.medrevu.com/

e-USMLE
Website: http://www.e-usmle.com/

Youel
Website: http://www.youelsprep.com/

USMLE Store
Website: http://www.usmlestore.com/

MedTech
Website: http://www.mylove.com/medtech/usmle-preparation.html

MedMaster
Website: http://www.medmaster.net/

Gold Standard
Website: http://www.boardprep.net/

PMRE
Website: http://www.pmre.com/

Forums

BoardsPrep Forum
Website: http://pub8.ezboard.com/fecommodityexchangeforum-boardsprepinteractivemedicalstudentforum

Pinoy IMG Forums
Website: http://pub42.ezboard.com/bpinoyimgforum

USMLE Forum
Website: http://go.to/usmleforums

Global USMLE
Website: http://groups.yahoo.com/group/global-usmle

Everyone.net USMLE
Website: http://usmle.community.everyone.net/

USMLE.net Forum
Website: http://www.usmle.net/

Studynow Forum
Website: http://studynow.com/usmle/

Help Sites

USMLE Guide
Website: http://www.usmleguide.com/

USMLE 123
Website: http://usmle2.homestead.com/

USMLE Site
Website: http://www.usmlesite.com/

Clinical Vignettes
Website: http://www.neurology.ic24.net/

Student Doctor
Website: http://www.studentdoctor.net/

Link Sites

Daniel's USMLE
Website: http://www.angelfire.com/ca6/usmlewebsites/

Creighton Links
Website: http://www.creighton.edu/Pharmacology/USMLE.htm

MomMD
Website: http://www.mommd.com/usmle/index.html

USMLE Web Links
Website: http://umed.med.utah.edu/usmle/USMLE+Web+Links.html

IMG Resources

IMGnet
Website: http://www.imgnet.org/interact/netforum.html

Club IMG
Website: http://www.homestead.com/clubIMG/

USMLEGuide

Website: http://www.usmleguide.com/

IMGI
Website: http://www.imgi.org/

Others

Prometric
Website: http://www.prometric.com/

Clinical Skills Assessment

This chapter tells you everything you need to know about Clinical Skills Assessment. When you register for the test, you will receive the latest Candidate Orientation Manual and video tape. Read the manual from cover to cover and watch the tape.

Overview of CSA

Quick Facts

CSA is the short form for The Clinical Skills Assessment. You need to pass the exam to get ECFMG certification.

It is a one-day exam. It is conducted only in Philadelphia in USA.

You are required to demonstrate clinical proficiency, spoken English language proficiency, appropriate interpersonal skills and ability to gather and interpret clinical patient data.

Passing performance on the CSA is valid for three years from the date passed for the purpose of entry into graduate medical education.

The CSA consists of eleven stations. Only ten stations are scored.

In each station you will encounter a Standardized Patient. The patient you see is an actor. Standardized Patient will answer your questions and react like a real patient.

You are evaluated by the Standardized Patients. Then the CSA assesses your performance.

Passing performance is not based on passing any specific number of encounters. It is the result of overall performance.

The CSA is administered only in English.

It is an expensive exam.

Purpose

Why CSA is conducted?

The purpose of Clinical Skills Assessment is to ensure that graduates of foreign medical schools can demonstrate the ability

- to gather and interpret clinical patient data
- to communicate effectively in the English language

at a satisfactory level. The satisfactory level is the level comparable to students graduating from United States medical schools accredited by the Liaison Committee on Medical Education (LCME).

Eligibility

The eligibility requirements for the CSA differ depending on whether you are a medical school student or a medical school graduate.

Requirements for Students

If you are a medical student, the requirements are:

- Both at the time that you apply and at the time you take the assessment you must be officially enrolled in a foreign medical school that is listed in WHO Directory of Medical Schools.
- You must also be within twelve months of completing the full didactic curriculum at the time that you take the assessment.
- You have passed USMLE Step 1.
- You have passed the English Language Proficiency Test.

Your Medical School Dean, Vice Dean or Registrar must certify your current enrolment status on the application form. The official must have signed the application form within four months of its receipt by ECFMG.

Requirements for Graduates

If you are a medical graduate, the requirements are:

- At the time graduation, your medical school was listed in WHO Directory of Medical Schools.
- You must have had at least four credit years (academic years for which credit has been given toward completion of the medical curriculum).
- You have passed USMLE Step 1.
- You have passed the English Language Proficiency Test.

The signature of the official who certifies your status as a graduate on the application form must be current. That is, the official must have signed the application form within four months of its receipt by ECFMG.

Step 3 and CSA

A pass in Step 3 is not required to take up CSA.

Registration

Detailed application instructions are included with the CSA application form. Follow these application instructions carefully and answer all questions completely.

You should review these instructions before you begin working on the application. Some of the necessary items require advance planning.

Once ECFMG receives your application and payment and determines that you are still eligible, information on scheduling the CSA will be sent to you.

Application Form

Registration for CSA should be done by submission of the CSA application Form 706. This Form is included in the ECFMG Information Booklet and may also be downloaded from the ECFMG web site.

To register for CSA, you must complete Form 706 and send it, with full payment of the assessment fee, to ECFMG by mail (or courier service), following the mailing instructions on the application form.

If your application is not complete, it will be returned to you.

If ECFMG does not have your USMLE Step 1 or English language proficiency test score at the time your CSA application is received, the application will be returned to you.

Deadline

The CSA is conducted throughout the year. There is no deadline for submitting your application to register. ECFMG accepts applications on an ongoing basis through out the year.

Fees

At present, the fees for CSA is $1200. It is a huge amount. When you purchase Bank Draft make sure it is complete and error free.

You have to send the full payment at the time of application. Otherwise your application will be returned.

Validity of Registration

The registration becomes invalid and the fees will be forfeited if

- you fail to schedule a CSA assessment date within four months, or
- fails to take the CSA within one year.

If you fail the CSA and wish to retake it, you must first submit a new CSA application and payment. You may not take the CSA within three months of your last attempt on the CSA.

Scheduling

When ECFMG receives your completed application and payment, it will decide on your eligibility. ECFMG will send your notification of registration if you are eligible.

This communication includes information on scheduling the CSA.

When to Schedule

You must schedule your CSA within four months of the date indicated on your notification of registration. You must take the CSA within one year of the date indicated on your notification of registration.

Let us make it clear.

You must schedule an assessment date within this four month period. The actual assessment date does not need to be within this four month period, but the selection of a date must be completed within this time frame.

For example, the indicated date is January 1. You want to appear for CSA on September 25. (The appearance date can be any date before December 31). But before April 30, you must inform the ECFMG and schedule the appearance date. On September 25, you must come to the CSA Centre in Philadelphia and take the CSA.

Your Notification of Registration will clearly indicate the dates by which you must schedule and take the CSA.

Available Dates

CSA is administered daily, depending on demand, except for major U.S. holidays. As there is always demand, you can safely conclude that it conducted every day.

How to Schedule

The CSA Scheduling Program enables you to schedule an assessment date. This can be done in either of two ways.

- By Telephone
- By internet

You will only be able to schedule if you have received official Notification of Registration.

Think of several preferred dates, all within one year from the date of your Notification of Registration. Make note of them on a paper.

Be prepared to give your name, USMLE/ECFMG identification number, and date of birth as it appears on your Notification of Registration.

When you call or browse web, it is not necessary that you must schedule at that time. You may do it on some other day, if you need to think of different dates.

Scheduling by Phone

You may telephone 1-215-970-1982 (Monday through Friday, 0800-2400 EST) to have an operator assist you with scheduling.

The operator will indicate which dates are available. When an acceptable date is found, the operator will formally schedule you and give you a confirmation number.

An admission permit will be mailed to you the next business day. Once an assessment date is scheduled, it cannot be cancelled or rescheduled.

Scheduling operators only assist in scheduling, and cannot answer any other questions or provide additional information regarding CSA.

For such inquiries you must contact ECFMG Applicant Information Services at 1-215-386-5900.

Scheduling by internet

It is advisable to schedule through ECFMG website. It will save long distance telephone call charges. You will also feel comfortable when selecting available dates.

Even if you do not have a computer or internet connection, you can go to any nearby internet cafe or a library.

If you choose to access the web site, you will receive Step by Step directions on how to schedule an assessment date.

On completion of the process, you will be given a confirmation number.

An admission permit will be mailed to you the next business day. Once an assessment date is scheduled, it cannot be cancelled or rescheduled.

Admission Permit

The admission permit will confirm the date, time and location of your assessment. You must present this admission permit at the Clinical Skills Assessment Centre on your scheduled assessment date.

Cancellation or Rescheduling

CSA assessment date cannot be rescheduled or cancelled. Cancellation of a scheduled CSA or failure to appear on the date of a scheduled CSA will result in loss of fee.

In both cases, you have to submit a new application with the full assessment fee and get new schedule date.

How to Cancel or Reschedule

Only in extraordinary circumstances, appeals for cancellation or rescheduling will be considered on a case by case basis.

You should contact ECFMG and request the CSA Scheduling Exceptions Appeal Form (Form 745) that contains instructions. Form 745 is also available on the ECFMG web site.

However, no consideration for cancellation or rescheduling will be considered within 30 days of the scheduled date.

CSA Centre

The CSA is administered only at Philadelphia in USA. So, you have to go all the way to USA, if you want to get ECFMG certification.

The Clinical Skills Assessment Centre is a secured facility. Once you enter the secured area of the Assessment Centre for orientation, you may not leave that area until the CSA has been completed.

If you are travelling from a distant location, it is better to arrive in Philadelphia a day or two before your CSA.

You have to take care of all your travel and stay arrangements. The Clinical Skills Assessment Centre cannot accommodate relatives or guests during

the assessment. Luggage cannot be stored in the Centre. Therefore, you should make other arrangements.

USA Centre

The centre is located at:

ECFMG Clinical Skills Assessment Center
3624, Market Street, Third Floor,
Philadelphia, PA 19104-2685 USA

Other Centres

At present there are no other centres. It is rumoured that in the near future there may be another centre outside USA.

Assessment

Assessment Duration

The duration of CSA is approximately eight hours. This includes orientation, testing, and breaks. The CSA is administered in morning and / or afternoon sessions.

Assessment Format

CSA consists of 11 encounters with standardized patients (actors). You will not be dealing with real patients. Proctors will not be present during the encounters. The patients will assess you. Later your written records will be assessed by other examiners.

Written Records

At the end of the encounters, you are required to compose a written record of each patient encounter. There will not be oral tests by examiners on each encounter.

Observation

All encounters are videotaped. In addition, all encounters can be observed in real time by both video and one-way mirror.

Irregular Behaviour

It is important to know what constitutes irregular behaviour because your innocent behaviour may sometimes be construed as irregular behaviour. This has far reaching effect on your career.

Irregular behaviour includes any action, committed or solicited by a candidate, which subverts or could subvert the CSA examination process or the ECFMG certification process.

Examples of Irregularities

Some examples of such behaviour are:

- Falsification of information on the application form;
- Failing to comply with any CSA policy, procedure, or rule while at the CSA Centre;
- Interacting with any standardized patients in an unprofessional manner and/or outside of that standardized patient's given case portrayal, before, during or after the examination;
- Entering restricted areas;
- Leaving the test area unescorted by a designated CSA staff member;
- Possessing and/or using recording devices;
- Possessing and/or using study aids;
- Conversing with other CSA candidates in any language other than English at any time while at the CSA Centre;
- Giving or receiving aid during the examination;

- Disruptive behaviour which affects other candidates, SPs, or ECFMG staff.
- Seeking and/or obtaining access to examination materials prior to a test administration;
- Impersonation of an examinee or engaging a substitute to take the examination;
- Sharing information about any of the cases presented during the CSA;
- Possessing unauthorized materials during an examination;
- Making reference notes of any kind during the examination, except on the blank, numbered sheets provided;
- Altering or misrepresenting examination scores;
- Theft of examination materials;
- Unauthorized reproduction and/or dissemination of copyrighted materials.

Investigation

Instances of irregular behaviour relating to CSA will be investigated and reviewed initially by CSA staff.

If there is reasonable evidence of irregular behaviour, the matter will be presented to the CSA Committee on Irregular Behaviour.

Consequences

The consequences are:

- Any Committee finding of irregular behaviour may be annotated on the CSA Performance Report and in the candidate's ECFMG record.
- The Committee may order that no result be released.
- The Committee may order that the examinee either retake CSA, with or without special conditions
- You may be barred from CSA,
- You may be barred from ECFMG certification.

Scoring

CSA scores are based on two consideration:

- Checklists and score sheets completed by the Standardized Patients at the time of the assessment
- Scoring of the written records by medically-qualified raters.

Standard procedures ensure that the score reported for each examinee is an accurate reflection of the answers marked on the checklists and score sheets.

Scoring Components

The following skills are assessed and scored. The overall score decides whether you pass or fail.

- History Taking Skills
- Physical Examination Skills
- Doctor-Patient interaction Skills
- Spoken English Skills
- Record Writing Skills

In order to pass CSA, you must pass pre-defined performance standards set by medical experts in two separate components. They are

- Integrated Clinical Encounter (ICE)
- Communication Skills (COM)

COM is derived from the SP evaluations of interpersonal skills and spoken English language proficiency.

What is ICE

ICE, Integrated Clinical Encounter, score is a a combination of

- the Data Gathering (DG) score and
- Patient Note (PN) score

The DG and PN scores are combined to form an ICE score. Your final DG and PN scores reflect your average performance across ten scored encounters.

You may compensate for poor performance in one encounter with excellent performance in another.

Data Gathering Score

Using checklists, the SP documents your ability to gather relevant data. Your DG score for a particular encounter is the percentage of checklist items that you were given credit for in the history taking and physical examination.

The SP does not evaluate your medical performance, but simply documents whether or not you successfully obtained relevant information or correctly performed the case-specific physical examination manoeuvres.

Your final DG score is the average of your DG scores over ten CSA encounters in the assessment form.

Patient Note Score

Following each encounter, you will complete a patient note. Physicians are trained to rate these notes based on predefined criteria that include:

- organization;
- quality of information;
- interpretation of data;
- egregious/dangerous actions;
- legibility.

Your final PN score is the average score you earned across the ten scored exercises.

What is COM

Following each encounter, the SP will also evaluate your COM skills along five dimensions:

- interviewing;
- counselling and delivering information;
- rapport;
- personal manner;
- spoken English proficiency.

For each of these dimensions, the SP assigns a score according to a well defined scoring system. Your COM score for the encounter is the sum of the five COM dimension scores.

Over the ten scored encounters, the average of these COM scores makes up your final Communication score.

Your score must meet or exceed a performance standard predefined by physician experts.

Minimum Passing Score

A minimum score is required to pass the CSA. This minimum passing score is based on achieving a specified level of proficiency. The minimum passing level is reviewed periodically and may be adjusted at any time.

Results

Result is either pass or fail. There will not be any numbers or marks. Result is not based on successful completion of certain number of skills or encounters. It is based on overall performance.

Candidates who pass the standards on both the Communication and Integrated Clinical Encounter components will receive a "PASS" designation for the CSA.

Substandard performance on either the Communication or the Integrated Clinical Encounter component will result in a "FAIL" designation

When Will I Know Result

You will get your result by post within six to eight weeks after the examination date. This is your report of CSA performance.

Reporting of Results

A report of performance on the CSA consists of a pass / fail designation. ECFMG will mail this report to your address. You will not get the result by phone or any other means.

Lost Report

If you do not receive your report within a reasonable time, you must send a request in writing for duplicate report.

Score Rechecks

A change in score based on a recheck is an extremely remote possibility. However, a request for a recheck of the checklists and score sheets will be honoured. You have to apply in the correct form and pay fees.

Pass Standards

The CSA is a standards-based (criterion referenced) examination. It means that specific scores are set for passing performance. The essential skills and behaviours that must be demonstrated by candidates for each case are pre determined.

Preferred Candidates

The assessment is standardized so that upon asking the same or similar questions, all candidates receive the same information from each patient.

Quality control measures are employed to ensure that the assessment is fair to all. You have the same opportunity as all other candidates to demonstrate your clinical skills proficiency. So, there are no preferred countries or candidates.

Pass Rates

You are evaluated only with reference to preset standard, so there is no predetermined number or percentage of candidates who will pass.

Pass rates for CSA candidates are solely a function of performance. Anyone can pass, depending on his or her level of proficiency relative to the standard.

If all the candidates perform well the pass rate will be 100%.

Validation

Your pass is valid for a certain amount of time. You must enter a program of graduate medical education before the expiry of the validity period.

Validity of Scores

Passing performance is valid for three years from the date passed for the purpose of entering a program of graduate medical education.

Permanent Validation

If you enter an accredited program of graduate medical education in the United States, permanent validation of the Standard ECFMG Certificate can be requested.

Permanent validation means that the CSA valid-through date (and the English language proficiency valid-through date) is no longer subject to expiration.

Revalidation

Holders of Standard ECFMG Certificates that include CSA may revalidate their CSA date at any time by retaking CSA.

Passing CSA will revalidate the CSA date for a period of three years from the date on which CSA is taken. Registration and scheduling procedures will be the same as for all other examinees.

You may revalidate your CSA date before or after you are certified by ECFMG.

Reexamination

If you fail the CSA and wish to retake it, you must submit a new application and assessment fee.

Number of Attempts

There is no limit on the number of attempts to pass the CSA.

Time Limit

Once you pass the CSA, you may only repeat it to revalidate your CSA date. You may not take the CSA within three months of your last attempt on the CSA.

Preparation for CSA

The CSA evaluates general clinical proficiency in cases commonly encountered and/or representing important medical conditions. Hence, the knowledge gained from actual past clinical experiences should be adequate to manage the test cases.

CSA is designed to simulate an actual clinical experience, so the more clinical experience you have, the more comfortable you will feel during the examination.

Only training, practice, and critique will improve skills like history taking, physical examination, spoken and written English, and interpersonal behaviour.

Official Materials

When you are registered to take the CSA, you will receive the CSA Candidate Orientation Manual and Candidate Orientation Video from ECFMG. Those materials describe the content and form of the assessment.

The videotape gives information on CSA and demonstrates a typical patient encounter and gives additional test-taking strategies.

There are no other approved or affiliated courses.

Other Materials

You must refer to the multiple texts and other media sources that address these skills.

Practice with colleagues, teachers, or mentors who would portray patients could be useful, provided such role-plays are realistic and represent common complaints.

But, the best preparation of all is to see actual patients in a real clinical setting, especially if this is done under the supervision and/or review of a competent clinical teacher.

There are some excellent courses available from reputed companies like Kaplan. But be prepared to pay a hefty fees.

English Materials

You need not speak English like a native speaker. If you are not confident of your spoken English language proficiency, you are encouraged to take the Test of Spoken English as a screening test prior to registration for CSA. The TSE is administered in a number of sites around the world. Browse TOEFL website for details.

How Cases are Developed?

The CSA includes test cases representing the major clinical education programs encountered at medical schools in the United States. The test cases are also known as encounters or stations.

Cases are developed according to well defined and documented procedures. Ongoing research and development and the findings influence the case development process.

Who Develop Cases

Doctors and medical educators write and review cases to ensure that they are fair and valid. These cases represent the kinds of patients and problems you would normally encounter in.

Cases are designed to elicit a process of history taking and physical examination in a clinical encounter that will demonstrate your ability to list and pursue various possible diagnoses.

Case Content

The eleven cases in each CSA reflect a balance of presenting complaints as well as a diversity of patient age, sex, and ethnicity. There is also a mix of acute, subacute and chronic problems.

Any CSA consists of cases that reflect a balance of these disciplines:

- Internal Medicine
- Surgery
- Obstetrics / Gynaecology
- Paediatrics
- Psychiatry
- Family Medicine

The selection cases is from the five main content areas:

- Cardiovascular/Respiratory
- Digestive/Genitourinary
- Neurologic/Psychiatric
- General symptoms
- Other (ear, eyes, nose, throat, musculoskeletal)

Other guiding specifications are:

- acuity
- age
- gender
- type of physical findings

Previous Day Cases

On any assessment day, the set of cases will differ from the combination presented the day before or the following day, but each set of eleven cases will have comparable degrees of difficulty.

So, requesting the other candidates for information on previous day cases will not be helpful, because those cases will not be repeated.

Non-Scoreable Case

Every CSA has one non-scoreable station. It is added to the CSA for research and other purposes. Even if you perform exceptionally well in this station, it is not counted in determining your score.

You will never know which is a non-scoreable station.

Arrival at Centre

It is a good idea to arrive at Philadelphia one or two days before your CSA date. It helps in getting accustomed to the climate, food and transportation. On CSA day, you can arrive at the centre without other concerns.

What to Bring?

You must bring the following items, when you arrive at CSA centre.

- valid photo identification (government-issued)
- Your admission permit
- Stethoscope

You can bring some other essential personal belonging. Each candidate will be assigned a small open storage cubicle in which personal belongings must be stored during the assessment. However, these cubicles are very small and are not secure.

What Not to Bring?

Some candidates in an effort to save money on lodging, vacate the room in the morning before CSA and book again in the evening after CSA.

Luggage cannot be accommodated at CSA centre. The small cubicle you get will not be big enough to hold your luggage. If you really want to save money by vacating room, you can avail storage facility in hotels.

Do not bring anything other than necessary personal items with you to the Centre. You need not bring any medical instruments.

Waiting Room

There is no waiting room facilities for spouses, family, or friends. So you need to plan on meeting them elsewhere after the assessment.

How to Dress?

There are no rules about the dress except that you must be decently dressed. Wear comfortable professional clothing and a white laboratory or clinic coat. This is the cloth you will wear during assessment.

If weather conditions force you to wear over coats or rain coats, you can bring and leave them on available coat racks.

When you watch american movies or television serials, note down the formal dresses the characters like doctors and lawyers wear. You will be safe

Dress for Men

Men can wear dark suit and white or light blue colour shirt. A good leather shoes of black is an excellent choice. Use formal neck ties. You will be safe if the dress is very formal and professional. Avoid all modern, trendy and flashy attire.

Dress for Women

Women can wear a skirt with a jacket of the same material and colour and a white or light blue shirt. Jacket and skirt should be of dark colours. Skirt length should be convenient to you. Check whether you are comfortable

when you sit on a sofa. Stockings of either skin or black colour would be good. Avoid Ornaments, designer dresses and heavy make up.

Arrival at Centre

Arrive at the CSA Centre no more than 30 minutes prior to your scheduled assessment. Announce yourself at the reception.

Proctors

Throughout the assessment day CSA staff, who will be wearing identifying nametags, will direct you through the centre. They are called proctors. Follow their instructions at all times. After verifying your identity, you will be taken for orientation.

Breaks

Once you enter the secured area of the Centre for orientation, you may not leave that area until CSA has been completed.

Two breaks will be provided.

The first break is 30 minutes long and takes place after your fourth encounter. The second break is 15 minutes long and occurs after the eighth encounter.

Food

At break time, you are free to relax, use the rest rooms, and have refreshments. A light meal will be served, and there are vending machines available for drinks. You may also bring your own food provided that no refrigeration or preparation is required.

Smoking is prohibited throughout the Centre.

Group Discussion

You cannot, during breaks or at any time, discuss the cases with your fellow candidates. Conversation in languages other than English about anything is strictly prohibited at all times during the breaks.

Examination proctors will be with you to monitor activity. Each examination room is equipped with video cameras and microphones. Conduct yourself as you would during a normal day in a clinic.

Orientation

Each assessment session will begin with an orientation. This on-site orientation is in addition to the manual and the videotape that ECFMG will send you when you are registered for CSA.

The orientation will familiarize you with the equipment in each examination room and the nature of typical encounters. It is also intended to inform you about examination procedures and regulations.

The orientation will include a brief demonstration of the instruments and equipment that you will be using in the actual patient encounters.

Confidentiality Agreement

During the orientation, you will be asked to sign a confidentiality agreement. It stipulates that you will not reveal case information to anyone at any time. You can take the exam only if you sign it.

Questionnaire

Then there will be a demographic questionnaire for you to fill out before the assessment and a feedback questionnaire afterwards.

Your answers to these questionnaire will not be counted towards your performance score.

Encounters

After orientation, your encounters will start.

Encounters are also known as stations or cases. They are rooms or booths where SPs will be waiting for you.

The CSA consists of eleven encounters with SPs. Only ten of these encounters will be scored.

In each encounter you will be allowed 15 minutes to interact with the SP and 10 minutes to compose the written record of the encounter.

You will be taken to the first station.

An announcement will tell you when to begin the encounter. You must immediately start.

Doorway Information

Before you enter each examination room, you will have a few moments to review basic information about the SP. This information will be posted on the examination room door. This doorway information is similar to a note that a nurse normally gives a doctor.

Read it carefully before seeing the patient.

This information gives you specific instructions and the tasks you are to complete. It tells you the patient's name, age, gender, and reason for visiting the doctor. It will also indicate his or her vital signs, including pulse

rate, blood pressure, temperature (Centigrade and Fahrenheit), and respiratory rate.

You should accept the doorway information as accurate, though in some cases reexamination of vital signs may be appropriate. Do not repeat to find out the vital signs unless you believe the case specifically requires it.

Most CSA stations will have the same types of tasks listed, but some may include specific, unique tasks.

For your convenience, there will be an identical second copy of the doorway information in the examination room. You should not remove the doorway information from the examination room.

Inside the Patient Room

Enter the room without assumptions about what you will see in each encounter.

As soon as you enter the room, greet the patient and state your name. Get or confirm the patient's name.

Do not communicate with the patient other than as a doctor to a patient. Though the patient is an actor, forget the fact that he is an actor. Treat him as a real patient.

Blank paper will be provided. You can take notes during the encounter.

There may be more than one case testing related or similar clinical entities. Concentrate on the case on which you are working.

Proctors will not be with you at the time of encounter. But you can call and notify proctors of any problems.

Now by gathering relevant medical history and performing a focused physical examination, you will be demonstrating your ability to collect information unique to the presentation of each patient.

Taking a relevant medical history means that it relates specifically to the chief complaint of the patient. A focused physical examination consists of manoeuvres that reveal information in direct relation to the same patient's chief complaint, age and gender, and medical history.

You will be required to write a legible patient note indicating the pertinent positive and negative historical and physical findings that relate to your potential diagnoses after you come out of the patient room.

Your oral communication skills will be assessed by SP and other methods like video and one way mirror.

Your written communication skills will be assessed by the written records you create.

Activities in Patient Room

You can ask the patient the relevant questions.

You can perform a focused physical examination.

The above two Steps will enable you to gather information to develop preliminary differential diagnoses and a diagnostic work-up plan.

You must communicate in spoken English with the patient in a professional and empathetic manner.

You need to answer any questions the patient has.

You must tell the patient what diagnoses you are considering, and advise on what tests and studies you will be ordering to clarify the diagnoses.

History Taking

The elements of medical history you need to obtain in each case will be determined by the nature of the patient's problems.

It is not necessary to take every part of the history for every patient. Some patients may have acute problems, while others may have more chronic ones.

Make note of significant positives and negatives. When you take history, the following categories may yield important information, although not all will necessarily be pertinent to every case:

- Chief complaint
- History of present illness
- Past medical history
- Review of systems
- Social history
- Family history

Pursue the relevant parts of the physical examination, relevant to the problem and other information you obtain during the history taking.

Begin with broad questions and then focus your inquiries.

Don't rush the patient's answers or cut the patient's answer off with another question.

Ask follow-up questions. Repeat your questions or rephrase them in different terms if necessary.

In paediatric cases, sick child's parent or caretaker will be available for answers. The child will not be available.

Physical Examination

Wash your hands preferably before touching the patient or beginning the physical examination.

Tell the patient when you are going to begin the physical exam. Describe the manoeuvres either before or as you do them.

Do a focused examination based on the patient's complaint, symptoms, and history. Perform physical examination manoeuvres correctly and expect that there will be positive physical findings in some instances.

Some may be simulated, but you should accept them as real and factor them into your evolving differential diagnosis.

The testing area of the CSA Centre consists of a series of examination rooms equipped with standard examination tables, commonly-used diagnostic instruments (blood pressure cuffs, otoscopes, and ophthalmoscopes), latex gloves, sinks, and paper towels.

Be considerate of the patients and always keep them comfortable and properly draped as you perform the physical examination.

Always use patient gowns and drapes appropriately to maintain patient modesty and comfort, but never examine through the gown. Never perform rectal, pelvic, genitourinary, or female breast examinations.

You can use the examination table extension when the patient reclines. If you ask a patient to get off the examination table, offer assistance.

Look for physical findings. Tell the patient your initial impressions and your plan for the diagnostic work-up.

Ask for and answer any additional questions.

In paediatric encounter, the child will not be available. So, you are not expected to conduct physical examination.

Note the time warning for 5 minutes remaining in the encounter. Close the encounter when the "End of Encounter" signal is given.

Communication

During the encounter, the patient will be watching you and your communication skills will be noted. During all eleven encounters, each patient will evaluate your communication skills based on the following criteria:

- **Skills in interviewing and collecting information**
  - the clarity of your questions;
  - the effectiveness of your questioning techniques;
  - appropriate use of medical language;

- your verification and summarization of information with the patients;
- the effectiveness of your transitions between different parts of the interview.

Skills in counselling and delivering information

- the clarity of the information you give;
- the effectiveness and sincerity of your counselling;
- the thoroughness of the encounter closure;
- the clarity and appropriateness of your speech;
- the effectiveness of your summarization of information and how you link various information together.

Rapport (connection between doctor and patient)

- your attentiveness to the patients;
- the appropriateness of your body language;
- your confidence level and attitude;
- the level of empathy and support you show the patients.

Personal Manner

- your manner of introducing yourself to the patients;
- the appropriateness of how you expose and drape the patients;
- your manner while conducting physical examinations;

- the appropriateness of your demeanour.

Spoken English Proficiency

- your ability to communicate understandably;
- your pronunciation and grammar;
- your ability to correct or clarify your language when needed;
- the amount of effort required by patients to understand you.

Answer all the questions that the patients asks. Ask clear questions and speak understandably.

In all cases, always make eye contact.

Speak in simple and direct language. If you use medical terms, explain the terms in simple English so that a lay man can understand.

If you don't know the answer to an SP's question, say so. Don't give false reassurance or a premature diagnosis.

Acknowledge the patient's concerns or worries. Be direct and honest, but also be sensitive.

End of Encounter

You can spend 15 minutes with the patient.There will be announcements when there are five minutes remaining, and when the encounter is over.

If you complete the encounter in less than fifteen minutes, you may leave the examination room early. You need not wait for announcements. But you are not permitted to re-enter once you leave. So, be certain that you have obtained all of the necessary information before leaving the examination room

Patient Note

Immediately after each encounter, you will have 10 minutes to complete a patient note. A patient note is the medical record you would compose after seeing a patient in a clinic, office or emergency department.

Approach the note as if you are communicating with another health professional.The patient note is the communication media between health professionals.

Blank paper will be provided for note taking in the examination room, but all sheets must be returned with your completed patient notes. The sheets of blank paper are numbered.

You should record pertinent medical history and physical examination findings, as well as your initial differential diagnoses.

Finally, you will list the diagnostic studies you would order next on that particular patient.

If you think a rectal, pelvic, genitourinary, or female breast examination would have been indicated in the encounter, then list it as part of your diagnostic work-up.

Most cases are designed to present more than one diagnostic possibility. Based on the patient's presenting complaint and the additional information you obtain as you begin taking the history, you should consider all possible diagnoses and explore the relevant ones as time permits.

Write legibly. Be accurate and specific.

Write out information in a logical sequence.

If necessary, refer to the notes you took during the encounter.

Group similar data together. Clearly portray the patient problem. Identify critical elements.

Include pertinent positives and negatives.

Make sure your plans for further diagnostic work-up are reasonable.

Treatment, consultations, or referrals should not be included in your diagnostic work-up plan.

There are several styles of writing patient notes that are acceptable. The orientation manual gives you different styles. Study them carefully.

End of Assessment

At the end of the CSA, you will be given a feedback questionnaire. Answer the questions. Please note that these answers will not contribute to your performance in CSA.

Hand over all the test materials and blank or filled in sheets at the centre. Do not make any note of the cases on your personal things.

Collect your personal items and leave the centre.

That is the end of CSA.

Standardized Patient

In CSA, the SP is the most important person that you will deal with. Some candidates find it difficult to forget that they are actor and this will have negative impact on performance.

Who is a SP?

A Standardized Patient (SP), a lay person trained to realistically and consistently portray a patient. He is an actor. He pretends that he has the case problems.

What are SP's Qualification?

SP is a lay man. He is not a medical professional. He undergoes extensive training to simulate a real patient. He knows how to respond like a real patient, to verbal questions and physical examination.

What Will SP Do?

SPs respond to questions from candidates with answers appropriate to the patient being portrayed and will react appropriately to physical examination manoeuvres. He may ask you questions just like a patient. However, he will not ask you questions like a medical examiner.

Will SPs assess me?

Yes. The SPs undergo extensive training and evaluation prior to participation in CSA. They fill in check lists and forms that will be the basis for Data Gathering Score and COM score.

Important Abbreviations

You will come across the following abbreviations frequently in CSA. Be thorough with them.

Units of Measure Abbreviations

kg - Kilogram
g - Gram
mg - Milligram
lbs - Pounds
oz - Ounces
m - Meter
cm - Centimeter
min - Minute
hr - Hour
C - Centigrade
F - Fahrenheit

Vital Signs Abbreviations

BP - Blood pressure
P - Pulse
R - Respirations
T - Temperature

Patient Note Abbreviations

yo - Year-old

m or G - Male
f or E - Female
b - Black
w - White
L - Left
R - Right
hx - History
h/o - History of
c/o - Complaining of
NL - Normal limits
WNL - Within normal limits
Æ - Without or no
+ - Positive
- - Negative
Abd - Abdomen
AIDS - Acquired Immune Deficiency Syndrome
AP - Anteroposterior
BUN - Blood urea nitrogen
CABG - Coronary artery bypass grafting
CBC - Complete blood count
CCU - Cardiac care unit
cig - Cigarettes

CHF - Congestive heart failure
COPD - Chronic obstructive pulmonary disease
CPR - Cardiopulmonary resuscitation
CT - Computerized tomography
CVA or TIA - Cerebrovascular accident OR Transient ischemic attack
CVP - Central venous pressure
CXR - Chest x-ray
DM - Diabetes mellitus
DTR - Deep tendon reflexes
ECG - Electrocardiogram
ED - Emergency department
EMT - Emergency medical technician
ENT - Ears, nose, and throat
EOM - Extraocular muscles
ETOH - Alcohol
Ext - Extremities
FH - Family history
GI - Gastrointestinal
GU - Genitourinary
HEENT - Head, eyes, ears, nose, and throat
HIV - Human immunodeficiency virus
HTN - Hypertension

IM - Intramuscularly
IV - Intravenously
JVD - Jugular venous distention
KUB - Kidney, ureter, and bladder
LMP - Last menstrual period
LP - Lumbar puncture
MI - Myocardial infarction
MRI - Magnetic resonance imaging
MVA - Motor vehicle accident
Neuro - Neurologic
NIDDM - Non insulin-dependent diabetes mellitus
NKA - No known allergies
NKDA - No known drug allergy
NSR - Normal sinus rhythm
PA - Posteroanterior
PERLA - Pupils equal, react to light and accommodation
po - Orally
PT - Prothrombin time
PTT - Partial prothrombin time
RBC - Red blood cells
SH - Social history
U/A - Urinalysis

URI - Upper respiratory tract infection
WBC - White blood cells

Philadelphia

Book your air tickets and accommodation well in advance. Arrive at the city a day or two before the CSA date.

Bring enough money to take care of emergency. If possible, take a health care insurance.

Do not bring heavy luggages and thick medical reference books.

Airport

Philadelphia International Airport is at 8 miles from Centre City.

It is connected with all major cities in the United States by flights.

Terminal A is an East Coast gateway for flights from Europe, Canada, and the Caribbean, and offers connections to Asia.

The SEPTA Airport Rail Line (the R1 train) connects each terminal of the airport with 30th Street Station, which is very near to the CSA Centre.

For information on the R1 Regional Rail Line, stop at one of the information booths located in all of the terminals at the airport or call the number below.

Shuttles

Most shuttle services between the airport and hotels close to the CSA Centre will cost around US$10.

Buses

Inter-city bus service is excellent. ECFMG is only a 5 minute cab (taxi) ride from the nearest bus terminal.

Cabs are readily available at bus terminals, and the cab fare to the CSA Centre is about $10.

Trains

Visitors have access to intercity trains operating over the corridor. The CSA Centre is only a 5 minute cab ride from nearest Station, and the fare is about $5.

Public Transportation

The Southeast Pennsylvania Transportation Authority (SEPTA) offers commuter rail service between the city and surrounding areas. SEPTA also operates a large fleet of buses and street cars through the city.

Cash fare on most routes is less than $2. Discounted tokens and passes are available.

Cabs

There is taxi service at many area hotels and at designated "taxi stations." One-way cab fare from the airport to Centre City or hotels near the CSA Centre is about $20.

Lodging

Some hotels are very near to CSA centre. Some offer CSA discount. Contact the hotels for complete details. Book your rooms well in advance.

Cornerstone Bed and Breakfast
3300 Baring Street (5 blocks from CSA Centre)
Philadelphia
Phone: (215) 387-6065

Website: http://www.cornerstonebandb.com

Divine Tracy Hotel
20 South 36th Street (2 blocks from CSA Center)
Philadelphia
Phone: (215) 382-4310

International House
"CSA Discount" available
3701 Chestnut Street (2 blocks from CSA Center)
Philadelphia
Phone: (215) 387-5125
Website: http://www.libertynet.org/~ihouse

Penn Tower Hotel
Civic Center Boulevard
34th Street (6 blocks from CSA Center)
Philadelphia
Phone: (215) 387-8333

Sheraton University City Hotel
36th and Chestnut Streets (2 blocks from CSA Center)
Philadelphia

Phone: (215) 387-8000
Website: http://www.sheraton.com/UniversityCity

The Inn at Penn
3600 Sansom Street (3 blocks from CSA Center)
Philadelphia
Phone: (215) 222-0200
Website: http://www.theinnatpenn.com/

Useful Links

The following websites about Philadelphia will be useful

Visitors Center
Website: http://www.pcvb.org/

International Airport
Website: http://www.phl.org/

Amtrak
Website: http://www.amtrak.com/

SEPTA
Website: http://www.septa.com/

Residency

Residency - The Basics

What is Residency?

Residency is the short form of residency training programs. If you want to work as a doctor in USA, you need to undergo residency.

Residency Training Program is a part of Graduate Medical Education programs in USA. Subspeciality fellowship training programs, known as "fellowships", is another part of Graduate Medical Education programs.

Is Residency Required?

For almost all overseas doctors, residency is the unavoidable first Step. Subsequently fellowship can be taken. Some may attempt to enter a fellowship based on speciality training outside of the United States.

Medical Specialities

Residencies are offered in twenty-four core medical specialities recognized by the American Board of Medical Specialities (ABMS). You need to

choose your speciality that interests you and then search for Residency program offered in that speciality.

ACGME Residencies

For residencies to receive governmental funding and support, they must be accredited by the Accreditation Council for Graduate Medical Education (ACGME.) There are programs that are not accredited by ACGME. We are interested in only Accredited ACGME programs.

Program Status

Some times ACGME revokes approval or accreditation status of Residency Programs. So, it is important for international medical graduates applying to programs to ascertain the status of each program to which they are applying. This information may be obtained from the ACGME Website.

Duration of Residency

The duration of required residency training varies from one speciality to another but is usually constant within each speciality.

Different Residencies

Depending on the nature, residencies can be classified as:

- Categorical Positions
- Preliminary Positions
- Transitional Positions
- Advanced Positions
- Physician Positions

In the following paragraphs, PGY means Post Graduate Year.

Categorical Positions

Categorical positions are offered by programs that expect applicants who enter in their first post-graduate year to continue until they have completed all of the training required for speciality certification, provided their performance is satisfactory.

Most residencies begin at the PGY1 (Postgraduate Year 1 level). PGY1 positions that are clearly intended to be the first of several years within a specific residency program are designated as categorical.

Preliminary Positions

Preliminary positions provide one or two years of prerequisite training for entry into an advanced positions in speciality programs that require one or more years of broad clinical training. Internal medicine, surgery, and transitional programs commonly offer preliminary positions.

Transitional Positions

There are also a smaller number of PGY1 positions in programs designated as Transitional Year Programs. They are sometimes referred to as internships.

These are one year programs that are not linked to any medical speciality. They provide a variety of clinical rotations in the major medical specialties. These programs are designed to be preparatory for some of the specialities that begin their training at the PGY2 level, or for individuals who have not yet clearly identified which speciality they wish to pursue.

Advanced Positions

Advanced positions are in speciality programs that begin after completion of one or more years of preliminary training. Applicants without prior

graduate medical education can apply for these positions while also applying for preliminary positions that are compatible with their plans.

Physician Positions

Physician positions are reserved for physicians who have already had some graduate medical education. Physician positions are not available to senior U.S. medical students.

Progression beyond the PGY1 year in preliminary programs, or from transitional programs into speciality residency programs, is very competitive. A relatively small number of positions are available.

There are special considerations regarding these programs applicable to J-1 Exchange Visitor Physicians. Such physicians should contact ECFMG regarding the requirements for ECFMG sponsorship in such programs.

Residency Information

There are many residency programs and many sources of obtaining information on them.

The Green Book

Graduate Medical Education Directory is the authoritative source of information regarding ACGME accredited residency programs in the United States. It is published annually by the American Medical Association (AMA). It is called "The Green Book".

This directory describes the General and Special Requirements for each medical speciality and lists all accredited residency programs by specialty.

Each entry in the Green Book includes

- the name and location of the residency program,
- the number of residency positions offered, and
- the contact information for the residency program director.

FREIDA Online

Fellowship and Residency Electronic Interactive Database is known as FREIDA. It is a part of AMA website.

ERAS Online

Electronic Residency Application Service is known as ERAS. We have provided complete details in a separate chapter.

NRMP Online

National Resident Matching Program is known as NRMP. We have provided complete details in a separate chapter.

Third Party Sources

There are many books and websites that can give you reviews, advice, tips and details of programs. We have given a list of useful resources at the end of the chapter.

ERAS

What is ERAS?

The Electronic Residency Application Service (ERAS) is provided by ECFMG to International Medical Graduates for a fee. You must use this service to find out a suitable Residency Program. Read the chapter on ERAS for more details.

Process Summary

You send a single application through internet. This will be sent to all the residency programs that you wish to apply for. The interested programs will contact you. ERAS saves time and eliminates errors and paperwork.

NRMP

What is NRMP

The National Resident Matching Program is known as NRMP. You must participate in NRMP to improve your chances of getting into residency. This process is entirely different from ERAS. Read the chapter on NRMP for more details.

Process Summary

Programs and applicants submit Preferences in a form known as Rank Order List. Then the forms are analysed and preferences are matched. NRMP saves time, eliminates paper work and anxiety.

Time Factor

When Residencies Start

Almost all residencies begin on or about July 1 of each year. Rarely one or two programs may start on different date. It is uncommon.

Application Acceptance

Beginning in July of each year, ERAS application packets are sent out to program directors on request for residencies starting in July of the following year. For example, if a program starts in July 2003, applications are accepted from July 2002.

Eligibility for Residency

You must satisfy two basic requirements by the start date of the residency program. They are:

- ECFMG Certification
- Visa Requirement

ECFMG Certification

To get ECFMG certification, the following conditions must be satisfied.

- You passed USMLE Step1
- You passed USMLE Step 2
- You passed TOEFL
- You passed CSA
- Your medical credentials were verified

Visa Requirements

You must possess legal status within the United States that allows participation in graduate medical education. Visa issues have been discussed in a separate chapter.

Other Requirements

Apart from the basic requirements. many residencies have their own requirements. They must also be satisfied. You will get the details when you contact those programs.

Visa Options

What is J-1 visa

J-1 visa are known as Exchange Visitor Program Visa. It is obtained via the sponsorship of ECFMG.

If you want ECFMG sponsorship, you need a valid ECFMG certificate.

How to obtain J-1 Visa

When you have obtained a position in an ACGME accredited residency program, you must send a completed application to ECFMG for initial J-1 visa sponsorship.

Then ECFMG issues form IAP-66. This form contains sponsorship details and allows you to apply for the J-1 visa.

Conditions for J-1 Visa

J-1 visas must be renewed annually. You must initiate the request every year in coordination with the training institution. If there is any change in visa status or change in the training program, you must inform ECFMG.

Who issues J-1 Visa

Immigration Department issues visa. ECFMG issues sponsorship form.

What is H-1B

Temporary worker visa is known as H-1B.

How to Obtain H-1B

The institution where the training is to occur sponsors you. If you need H-1B, you must contact the Institution and obtain necessary documents.

ECFMG has no role in obtaining H-1B visas or non J-1 visas.

Some Facts

Official Quotas

There are no formal restrictions on entry of international medical graduates into any ACGME accredited residency training programs. There are no quotas by programs.

Unofficial Quotas

Various specialities and programs vary in their competitiveness. Only a very small number of positions are offered to IMG in those highly competitive specialities and programs.

Number of Programs

Individual medical educational institutions (universities, medical schools, hospitals) are free to offer as many residency training programs in as many medical specialities as they choose.

Accredited Programs

Only those programs that meet ACGME requirements receive ACGME accreditation, and that accreditation also limits the number of positions that can be offered in each program.

Foreign nationals participating in the Exchange Visitor Program on J-1 visas are only eligible to enter into those residency positions that are accredited by ACGME.

Who selects

All decisions like whether an interview is granted, whether and where a candidate is ranked in the NRMP Match, and whether a contract is actually offered, are made by the Program Director in each program.

ECFMG and Residency

ECFMG has no role in selection of residency positions. ECFMG's role beyond certification is limited to scanning and transmitting ERAS documents and sponsoring J-1 Exchange Visitor visas.

Step By Step Guide

Research Specialities

You must research the following factors.

- Overall number of positions available in the specialities
- Degree of competition in obtaining a position in the specialities
- Experience of prior international medical graduates in obtaining residency positions in the specialities
- Experience of graduates of your medical school in obtaining residency positions in the specialities.

Select Speciality

Selection of a medical speciality for training is best done

- with the help of medical career advisors,
- after speaking with doctors in the specialities and
- after determining most professionally satisfying speciality.

Research Programs

Do a research on the programs of your chosen speculate. The following factors must be considered.

- Location of individual programs
- Hospital affiliations of the programs
- Performance of their graduates
- Overall number of positions available in the program
- Degree of competition in obtaining a position in the program
- Experience of prior international medical graduates
- Experience of graduates of your medical school.

Prepare List of Programs

Compile a list of specific residency programs in each speculate to which you would like to apply.

You can use the Graduate Medical Education Directory ("the Green Book") or the On-line FREIDA on the AMA Website. You can also use other web-sites for reference purpose.

Finalise the number of residency programs in each speciality for submission of applications.

Get Email Address

If you do not have one, get an email address. Keep the username and password in a safe place.

Complete ERAS Application

Obtain, complete and submit an ERAS application. You can obtain instructions for completing ERAS applications and a password for submitting the application via the Internet from ECFMG.

Complete NRMP Application

Obtain, complete and submit an NRMP Match application. You can obtain instructions for completing NRMP application via the Internet from NRMP website.

Attend Interviews

Program Directors consider the interview to be a critical part of the selection process. You must participate in interviews with any residency program that they are seriously considering. Participate in interviews if you are invited.

Analyse Offers

You may be offered a position at the time of the interview. Since accepting such an offer stops you from participation in the NRMP Match, careful consideration should be given to the decision to accept or decline any offers. Think about your position if you do not accept the offer and you do not get a match.

Visa Options

Research the various visa options available which would permit you to participate in graduate medical education programs in the United States.

Prepare Final ROL

Consider the following factors and finalise ROL:

- Rank all programs even if you have not been invited for interview

- If you were not interviewed for a program, ranking by that program would not be high
- Program Director's indication about Ranking
- Competitiveness of programs
- Do not rank the program that you do not want to join
- Rank in actual order of preference

Submit Final ROL

Submit your final Rank Order List (ROL) to NRMP using the Rank Order List Input Confirmation System (ROLIC) via the Web using NRMP code and password by the designated final ROL date.

Check Match Results

Check the NRMP Website on the date designated for announcement of each individual's Match results, i.e., matched or unmatched.

Check Unmatched Positions

Applicants not matching should go to the NRMP web site and click on Main Match where they can identify the locations of unfilled positions.

Those programs may then be contacted either directly or through ERAS in attempts to find unfilled positions.

You may have to contact ECFMG again to request that additional ERAS forms be sent to the additional programs being contacted.

Accept Appointment

Successfully matching applicants will receive letters of appointment from programs to which they have matched. These letters should be signed and returned to the Program Director immediately.

Arrange for Visa

Contact ECFMG for J-1 Exchange Visitor visas or the program offering the position for H-1B. Or, explore other possibilities.

Personal Statement

The residency program director does not sort and arrange hundreds of applications materials. The clerical staff do it. Their work certainly has some influence on the decision of the program director.

Many candidates will have similar scores. It is not possible for the director to call all the applicants for interviews. So, to shortlist the number of can-

didates, many directors use personal statements as an instrument. Applications with poorly drafted personal statements are easily rejected.

So, you must treat personal statement as your personal sales tool.

There are no hard and fast rules about personal staements. Some write a paragraph of a few sentences. Some write a mini autobiography.

A good Personal Statement must catch the eyes of the prospective interviewers and stimulate him into action to call you for an interview..

You can not write a good personal statement in a few hours. You have to spend a number of days and work hard on this.

You have to prepare and modify several drafts before you can arrive at a good one.

Check your grammer and spelling.

US English has different spelling.

Use good quality paper.

As this is not a curriculum Vitae, you are not expected to write a chronological or reverse chronological autobiography.

Make sure that whatever you say can be backed up by evidence if necessity comes.

The flow should be natural. It must have a beginning and an end.

This document is a serious one. So, do not fill it with humourous and philosophical remarks.

If you have come across some bad things, just mention it and tell what you learnt from it.

Do not forget to include a summary of the strengths and skills and how you can contribute to the program.

Tell about your long-term goals and interests.

As most program directors read the first few lines and last few lines, make them attractive and powerful.

Discuss with well wishers and friends about your final draft and get their feedback.

If you are still unsure, there are some professional writers, whose service you can make use of.

Some websites give sample statements. Read them closely.

Useful Resources

Official Resources

- **ABMS**

Website: http://www.abms.org/

ACGME
Website: http://www.acgme.org/

Online NRMP
Website: http://nrmp.aamc.org/

AAMC ERAS
Website: http://www.aamc.org/eras/

Online FREIDA
Website: http://www.ama-assn.org/freida

ECFMG
Website: http://www.ecfmg.org/

Other Resources

ResidencySite
Website: http://www.residencysite.com/

CareerMD
Website: http://www.careermd.com/

ScutWork
Website: http://www.scutwork.com/

Residency Brochure Database
Website: http://swnt240.swmed.edu/cfdocs/library/residence/residence.cfm

Books

Getting Into A Residency
Kenneth V. Iverson, M.D.
Published by: Camden House, Inc
ISBN: 1883620279
Price: US$36.95
Website: http://www.amazon.com/

How to Choose a Medical Specialty
Anita D. Taylor,
Published By: Saunders Company
ISBN: 0721674623
Price: US$26
Website: http://www.amazon.com/

ERAS

In this chapter you will learn essential information about ERAS and the procedures. At the end of the chapter, you will find the summary of the procedure.

ERAS - The Basics

What is ERAS?

ERAS is the short form of the Electronic Residency Application Service. With a single application form you can apply to hundreds of programs.

The Association of American Medical Colleges (AAMC) has developed ERAS, the Electronic Residency Application Service, to transmit residency applications, Letters of Recommendation, transcripts, and other supporting documents to residency program directors via the Internet.

Components of ERAS

There are three components in ERAS.

- MyERAS
- the Dean's Office Workstation (DWS)

- the Program Director's Workstation (PDWS)

What is my MyERAS

MyERAS is a web-based application. An applicant does not need any software other than an internet browser. Using any web browser, applicants complete an application, select programs, and create and assign supporting documents through internet. Applicants submit these files to ERAS for processing.

What is DWS

DWS is in fact a big computer connected ERAS PostOffice.

In the case of US doctors Medical School staff uses the Dean's Office Workstation to scan and store the applicant's transcripts, Dean's Letter and letters of recommendation and to transmit these files to the ERAS PostOffice.

In the case of Foreign Medical Graduates, ECFMG acts as Medical School Staff of Dean's Office. Your materials will be scanned and transmitted by ECFMG staff.

What is PDWS

PDWS, Program Director's Workstation, is the computer at the office of Program Director. This computer is connected to ERAS PostOffice.

Staff at Residency programs connect to the ERAS PostOffice and download applications and other materials using their Program Director's Workstation. They can review, sort, and print applications using criteria established by the program.

ERAS PostOffice

ERAS PostOffice is an electronic clearing house. Just like a real postoffice that collects and delivers letters, ERAS postoffice collects and delivers residency applications.

Time Factor

Beginning in July of each year, ERAS application packets are sent out on request for residencies starting in July of the following year. Almost all residencies begin on or about July 1 of each year.

The ERAS Procedure

Finalise Program

The residency application process begins with researching programs and requesting information from individual programs.

Seeking the advice of your clinical/residency advisor is an important first Step in identifying the programs that are appropriate to your career goals, strengths, and capabilities.

On request, many programs send prospective applicants brochures and fact sheets with information about their requirements, facilities, and deadlines.

You can start by searching for "residency program." The Graduate Medical Education Directory (Green Book) or the online FREIDA contain more information on specific programs.

Certain speciality oriented organizations also maintain web based residency program listings and contact information.

Each residency program determines the last date on which it will accept application materials, and what materials it must receive to consider an application packet "complete."

Step By Step Process

The applicant gets a ERAS token from ECFMG.

The applicant accesses the AAMC's ERAS web site with this token.

The applicant completes the application form available on the above website through internet.

Then the applicant sends the photocopies of documents to ECFMG.

Staff at ECFMG will scan the above documents and transmit their images to the ERAS Post Office.

The individual program directors periodically retrieve all transmitted data from the ERAS Post Office and process them.

Applicants can verify the status via ADTS.

ERAS Token

Upon receipt of the required application fee, ECFMG will send a Token to applicants. This token is a unique identification number. It will be sent to you by email or fax.

This Token will permit the applicant to access the AAMC's ERAS web site to complete his/her ERAS application on line.

Email

It is advisable to have a reputed web based email services, like yahoo, for the purpose. Many resident program directors prefer to contact you by email. You can use ISP email. But if the address changes, you will be in trouble.

ADTS

The ERAS Applicant Document Tracking System (ADTS) is a service provided to applicants using the ERAS system.

The ADTS will offer a snap-shot of the status of an applicant's documents that is based on activity as recently as the 24 hours prior to the request.

With the ADTS applicants using ERAS will have the ability to check the arrival status of their application documents at selected programs.

Applicants will need the userid and password they used to create their MyERAS application to access the Applicant ADTS.

ADTS usually opens in late September.

ERAS Fees

There are two separate fees for using the ERAS system.

- ECFMG Processing Fees
- AAMC Processing Fees

ECFMG Processing Fees

Students and graduates of foreign medical schools are charged a non-refundable ECFMG Application Fee of $75 when they request their "Token" from ECFMG.

You can pay by credit card. The check, money order or wire transfer must be identified with the applicant's full name and USMLE / ECFMG Identification Number.

This fees must be paid to ECFMG.

AAMC Processing Fees

All applicants are charged the AAMC Processing Fee of $60 when they complete their application on the AAMC's ERAS web site. This fee covers up to 10 programs in each discipline.

The AAMC Processing Fee will be calculated automatically when you complete your application and must be paid directly to the AAMC.

Beyond 10 programs the fee schedule is: $6 each for 11-20 programs per discipline, $12 each for 21-30 programs per discipline, $25 each for 31 or more programs per discipline.

ECFMG's Role

ERAS is available to students and graduates of foreign medical schools through ECFMG, which serves as their designated Dean's Office

Document Provider

ECFMG scans all your documents and transmits them electronically to ERAS Post Office.

Certification Status

ECFMG will send an electronic status report at the time your application is processed to all residency programs to which you have applied. If your status change during the application cycle, ECFMG will send an updated status report to the residency programs.

Official USMLE Transcript

On your request ECFMG will provide USMLE transcripts to every residency program that you have individually indicated on your application for a single charge of $50 per applicant per ERAS season. You can request for this service on the AAMC's ERAS web site.

ERAS Specialities

New specialities are added every year.

Listed Specialities

All programs in the participating specialities are listed on the ERAS Web Site. Currently, ERAS will be used by most residency programs in anesthesiology, dermatology, diagnostic radiology, emergency medicine, family practice, general surgery, internal medicine, obstetrics and gynaecology, orthopaedic surgery, pathology, paediatrics, physical medicine and rehabilitation, psychiatry, transitional year programs, all Army and Navy GME-1 positions, and combined family practice-psychiatry, internal medicine-emergency medicine, internal medicine-family practice, internal medicine-paediatrics, internal medicine-psychiatry and internal medicine

physical medicine and rehabilitation programs. However, you must be a citizen of USA to apply for military positions.

Missing Speciality

If a program is not in the official list, you cannot use ERAS to apply to that program. Applicants applying to programs not participating in ERAS should follow the application procedures that are established by the programs.

Eligibility

ECFMG will accept applications for the ERAS service from individuals who have a USMLE/ECFMG Identification Number.

I Don't Have Certification

You can apply for the service. But, ERAS applicants who are not yet certified must obtain ECFMG certification before starting a post-graduate training program.

Application Deadline

Neither ECFMG nor AAMC set deadline dates. Deadlines are set by individual residency programs.

How to get deadlines?

You must contact the programs directly for deadlines. Some programs send fact sheets by post or fax.

Many programs can be found on the world wide web. You can use the AMA Green Book or AMA-FREIDA website. AMA-FREIDA web address is

Website: http://www.ama-assn.org/freida.

Matching

NRMP and ERAS

Applying through ERAS does not register you with the "Match." Applicants should contact the NRMP directly to register.

Many hospitals in the United States rely upon the NRMP for their trainees and do not select applicants who do not participate in the "Match.".

Post Matching

ERAS can be used for post-Match applications. You must check with the programs directly to find out whether they want to receive your application via ERAS or by fax.

Useful ERAS Resources

ERAS Contact

ECFMG/ERAS Program
PO Box 11746
Philadelphia, PA 19101-1746 USA
Call: (215) 386-5900
Fax: (215) 222-5641
E-Mail: eras-support@ecfmg.org
Website: http://www.ecfmg.org/

Other Resources

AAMC ERAS
Website: http://www.aamc.org/eras/

Online FREIDA
Website: http://www.ama-assn.org/freida

Summary of Steps

There are 6 important Steps in the ERAS process:

- Program Selection
- Obtaining Materials
- Completing Application
- Sending Documents
- Tracking Status
- Attend interviews

Program Selection

Researching programs, requesting information from individual programs and finalise the program where you have bright chances.

Obtaining Materials

You must contact ECFMG to obtain manual and Token. You need to pay fees to ECFMG.

Completing Application

Complete online application with MyERAS available on AAMC website. You need to pay fees to AAMC.

Sending Documents

Send your documents to ECFMG. You must send photocopies. Do not send original documents.

Tracking Status

Track your application materials 24 hours a day via the ERAS ADTS. You need userid and password.

Attend Interview

When invited, attend interviews without fail.

NRMP

In this chapter you will learn about NRMP, the process employed by NRMP and other relevant details.

NRMP - The Basics

What is NRMP?

NRMP is the short form of The National Resident Matching Program. It is administered by the AAMC.

It is a computer based program that optimizes the rank ordered choices of applicants and Program Directors for each other.

The Advantage

The advantage of a matching program is that decisions about preferences can be made in private and without pressure.

Both applicants and programs may try to influence decisions in their favour, but neither can force the other to make a binding commitment before the Match.

The final preferences of program directors and applicants as per the submitted Rank Order Lists will determine the placement of applicants.

Because it provides a uniform date for decisions about residency selection for both applicants and programs, the program eliminates the pressure that might otherwise fall upon applicants and programs to make decisions before all of their options are known.

The Participants

The individual applicant and the residency program are the two participants in the process. It is true that many programs participate in NRMP. But, not all accredited programs participate in the NRMP and not all positions in a particular residency program may be entered into the Match.

Final Match

Participants in the Match who submit final Rank Order Lists are bound by the outcome of that process. ROL is the list of preferences prepared by the applicants and the program directors.

ERAS

Eras and NRMP are different processes. You need to register for both in order to improve your chances for getting a residency. NRMP is a separate process and send a separate application.

NRMP Process

Application

International medical graduates wishing to participate in the NRMP Match should request applications materials directly from the NRMP or download them from the NRMP Website. The contact details are given at the end of this chapter.

Eligibility

In order to have the final ROL accepted, all examination requirements for ECFMG certification must have been met. So, you must plan scheduling the USMLE Steps, the TOEFL and the Clinical Skills Assessment (CSA) and allow adequate time for score or results to be reported to NRMP.

Rank Order List

ROL is the short form of Rank Order List. Both the applicant and the programs submit ROL. The preferences expressed in the Rank Order Lists submitted by applicants and programs are used to place individuals into positions.

Number of Ranks

There is no limit on number of ranks. But there is a $30 charge per rank for each rank over the first 15. So, consider the cost.

Time Factor

A final ROL must be submitted to NRMP via the Internet by a designated date, usually the third week in February. The results of the Match are announced approximately one month after the ROL date, usually mid-March.

Matching Formula

The process starts off with an attempt to place an applicant into the program indicated as most preferred on that applicant's list.

If the applicant cannot be matched to this first choice program, an attempt is then made to place the applicant into the second choice program, and so on, until the applicant obtains a tentative match, or all the applicant's choices have been exhausted.

Possible Outcomes

There are two possibilities.

An applicant can be tentatively matched to a program in this process if the program also ranks the applicant on its Rank Order List, and the program has an unfilled position. In this case, there is room in the program to make a tentative match between the applicant and program. So, the match occurs.

In the second possible outcome, the program does not have an unfilled position, but the applicant is more attractive to the program than another applicant who is already tentatively matched to the program. In this case, the applicant who is the least preferred current match in the program is removed from the program, to make room for a tentative match with the more preferred applicant.

Tentative Match

Matches are "tentative" because an applicant who is matched to a program at one point in the matching process may be removed from the program at some later point, to make room for an applicant more preferred by the program.

Final Match

When an applicant is removed from a previously made tentative match, an attempt is made to re-match this applicant, starting from the top of his/her list. This process is carried out for all applicants, until each applicant has either been tentatively matched to the most preferred choice possible, or all choices submitted by the applicant have been exhausted. When all applicants have been considered, the match is complete and all tentative matches become final.

The Scramble

What is The Scramble?

Applicants who have not matched and programs that have not filled till the designated time have an opportunity to negotiate to find positions

for the unmatched applicants and to fill open positions in residency programs. This will be done using ERAS to contact the programs with unfilled positions directly.This is referred to as "the scramble."

When to Scramble?

Applicants participating in the NRMP Match but not receiving a position through it are notified two days prior to the day on which the general Match results are announced. At the same time, residency programs not filling all of their positions that were offered in the Match are notified. At this time, Scramble starts.

Role of NRMP

Who is NRMP?

The National Resident Matching Program (NRMP) is a private, not-for-profit corporation to provide a uniform date of appointment to positions in graduate medical education. It is sponsored by official Medical Organisations in the United States.

What it does?

Each year, the NRMP conducts a match that is designed to optimize the rank ordered choices of students and program directors. It provides an impartial venue for matching applicants' and programs' preferences for each other consistently.

NRMP Directory

This directory posted to the NRMP web site beginning in September lists all of the hospitals and programs enrolled in the Match.

A six-digit NRMP code identifies each program. The first four digits indicate the institution that is offering the program, and the last two digits identify the program by speciality.

The notation ("C", "P", "S", or "R") following the six-digit NRMP program code reflects the type of program being offered.

NRMP Positions

The following positions are offered through NRMP.

- Categorical (C) positions
- Preliminary (P) positions
- Advanced (S) positions

- Physician (R) positions

Categorical (C) positions

Categorical (C) positions are in programs that expect applicants who enter in their first post-graduate year to continue until they have completed all of the training required for speciality certification, provided their performance is satisfactory.

Preliminary (P) positions

Preliminary (P) positions provide one or two years of prerequisite training for entry into an advanced positions in speciality programs that require one or more years of broad clinical training. Internal medicine, surgery, and transitional programs commonly offer preliminary positions

Advanced (S) positions

Advanced (S) positions are in speciality programs that begin after completion of one or more years of preliminary training. Applicants without prior graduate medical education can apply for these positions while also applying for preliminary positions that are compatible with their plans.

Physician (R) positions

Physician (R) positions are reserved for physicians who have already had some graduate medical education. Physician positions are not available to senior U.S. medical students.

Rank Order Lists

ROLIC System

All Rank Order Lists must be submitted to NRMP electronically via the Web using the Rank Order List and Input Confirmation (ROLIC) System. This web based system is used to administer NRMP.

Applicants indicate their preferences from among the programs they have applied to and wish to attend on Rank Order Lists. The final preferences of program directors and applicants, as reflected on the Rank Order Lists, will determine which positions are offered to which applicants and where the applicants are subsequently placed.

Primary Rank Order List

Applicants submit a Primary Rank Order List which may include preliminary or transitional, categorical, and advanced programs.

ROL Worksheets

Worksheets for preparing the Rank Order Lists, as well as an example, are available to registered applicants in the Main Match Registrants area. Applicants should prepare a draft before entering choices in the ROLIC system.

Preparing Rank Order Lists

To identify the program codes to be entered on their Rank Order Lists, applicants consult the NRMP Directory on the web site.

There is also a listing of programs with a search feature for applicants, and a listing of applicants with a search feature for program directors.

On the Primary Rank Order List, applicants can list several different specialty types (e.g., internal medicine, family practice, surgery, etc.) according to their preferences. Program types--preliminary or transitional, categorical, and advanced--can also be mixed on the Primary ROL.

The Supplemental Rank Order List is used by applicants who wish to rank advanced "S" positions on their Primary ROL, and who also want to match to a compatible preliminary or transitional first-year program.

For each PGY-2 (advanced "S") program ranked on the Primary Rank Order List, a number of PGY-1 (preliminary or transitional) programs that

correspond to that advanced program may be ranked on a Supplemental Rank Order List.

Although not a requirement, applicants generally consider geographic location in developing their Supplemental Rank Order Lists for specific advanced programs. Therefore, more than one Supplemental Rank Order List linked to different "S" programs may be submitted, if necessary, and these will be marked as A, B, C, etc.

A Supplemental ROL will only be used in the Match if the applicant matches to an advanced program on the Primary Rank Order List. The Supplemental ROL is used as part of the Main Match and is not a separate Match.

During the matching process, the matching algorithm first looks at an applicant's Primary Rank Order List and attempts to make a match. If the applicant is matched to an advanced program, the NRMP will then seek to match the applicant to a preliminary position from the Supplemental Rank Order List that corresponds to that "S" program.

If the NRMP is unable to match the applicant to a first-year program, the match to the advanced program still holds, and the applicant will have to seek a PGY-1 position after the Match.

Couples Rank Order Lists

Each partner of a couple enrols individually in the Match and indicates that they want to be in the Match as part of a couple.

Couples' Rank Order List instructions and worksheets are available to registered applicants in the Main Match Registrants area.

The NRMP allows couples to form pairs of choices on their primary Rank Order List, which are then considered in rank order in the Match.

The couple will match to the most preferred pair of programs on the their Rank Order Lists where each partner has been offered a position.

Couples can be matched into a combination of programs suited to their personal needs.

In creating pairs of programs, couples can mix specialities, program types (preliminary or transitional, categorical, and advanced), and geographic locations. The partners can be matched into positions in the same institution or in different institutions.

Each partner must have the same number of ranks. Each program ranked must be paired with an active program or by an indication of "No Match" (NRMP Program Code = 999999) by the other partner, which means that

one partner is willing to go unmatched if the other can get a position in the program designated at that rank.

If a partner rank is for an advanced position, a Supplemental Rank Order List for that program must also be prepared by that partner unless the required first-year program has already been completed.

If both partners choose an advanced position, each must prepare separate Supplemental Rank Order Lists.

The choices made should be geographically acceptable to both partners. If both partners match to advanced programs, their Supplemental Rank Order Lists are not treated as a unit in the Match.

If one partner withdraws from the Match, the other partner's Rank Order List will remain in the system and will be used in the Match as a single candidate.

Partners listed as a couple are treated by the system solely as a couple. This means that if they do not obtain a match as a couple, the system will not run their lists separately to find a possible match for each individual.

Shared Residency ROL

The shared-pair must submit only one Rank Order List, which will include all acceptable shared positions to which both applicants wish to be matched.

If the pair is matched to a full-time position in the Match, both individuals are bound according to the terms of the NRMP Agreement.

ROL submission

All applicants will enter their Rank Order Lists via the Web. Access to the ROLIC System Confirmation requires your NRMP code and PIN, assigned during enrolment to the Match by the NRMP and printed on your confirmation. This should be used when you want to enter your Rank Order Lists.

Important Issues

Offers Outside NRMP

Not all programs participate in the NRMP Match, nor is any program required to offer all its positions through the Match.

Some medical specialities have their own limited matching programs separate from the NRMP and applicants seeking entry into those residency programs would need to separately enter those match programs.

In other cases, program directors may opt to offer all or some of their positions outside of the NRMP Match and instead directly offer contracts to applicants.

These offers may be made at any time, but if offered and accepted before the submission date for the final Rank Order List to the NRMP, then the applicant is no longer eligible to participate in the NRMP Match.

The residency program is similarly bound and cannot put those positions into the Match, provided that the applicant is qualified and available on the residency program start date.

Avoid Solicitation

Both programs and applicants must not ask the other prior to the Match to make a commitment as to how each will be ranked.

How to Win a Match?

Keep the following points in mind when you prepare your ROL.

Do not give only one preference. Even if the program says it prefers candidates with a single choice, such expressions should not be taken as a commitment.

Applicants should consider ranking all programs that they are willing to attend, to reduce the likelihood of not matching at all.

Unmatched applicants have shorter lists on the average than matched applicants. Short lists increase the likelihood of going unmatched.

Applicants should rank programs in actual order of preference. Their choices should not be influenced by speculations about whether a program will rank them high, low, or not at all.

Rank number one should be the applicant's most preferred choice.The position of a program on an applicant's ROL will not affect his position on the program's ROL, and therefore will not affect the program's preference for matching with him as compared with any other applicants to the program. During the matching process, an applicant is placed in his/her most preferred program that ranks the applicant and does not fill all its positions with more preferred applicants.

Applicant must rank all of the programs deemed acceptable to him, i.e., a program where he would be happy to undertake residency training.

If an applicant finds certain programs unacceptable and is not interested in accepting offers from these programs, they should not be included on the applicant's Rank Order List.

Applicants can list the preliminary programs from their Supplemental Rank Order Lists on their Primary Rank Order List. Ranking the preliminary programs after the advanced programs he/she has selected can serve as a fail-safe position for an applicant in the event he/she does not match to the advanced programs.

Decide the number of programs to rank based on competitiveness of the speciality, the competition for the specific programs, and your qualifications.

Consider whether to add one or more additional programs to the list in order to reduce the likelihood of being unmatched. You may not get what you want. But something is better than nothing.

Do not rank any programs that you are unwilling to attend. Programs are committed to offer an official appointment to each matched applicant who has met their prerequisites and institutional employment conditions, and applicants are committed to enter the positions to which they have matched.

It is wise for all international medical graduates to at least enter the Match. If a position is subsequently offered outside the Match that is acceptable, it is possible to accept the position and withdraw from the Match without submitting a final ROL.

Useful Resources

NRMP Website

- **Online NRMP**
  Website: http://nrmp.aamc.org/

Medical Licensure

In this chapter, you will know important information about Medical licensure and the procedures in obtaining it.

What is Medical Licensure

All doctors must have a valid medical license to actively participate in any form of patient care in the United States. It is the legal permission to practice medicine.

Who issues Licenses

The individual states and territories of the United States have the responsibility of issuing medical licenses to those doctors who practice within their jurisdictions.

Basic Requirements

All states require that applicants take and pass USMLE Steps 1, 2 and 3 to obtain a full, unrestricted license to practice medicine.

Most states require the completion of, or near completion of, at least one year of accredited GME training before taking Step 3.

All states require some GME training before a full unrestricted medical license will be issued, although the requirements vary considerably among the states.

Most states require a limited training license which allows a doctor to practice in a supervised training setting but not to practice in an unsupervised setting.

Some states may also require that residents in a GME program obtain an unrestricted license at some point in their training in order to continue in their training programs

Specific Requirements

Licensure requirements differ from one state to another. You must ensure that all state licensure requirements can be met within the time necessary to permit entry into and progression through the GME program under consideration.

Where to Get Information

Training programs are the best source of information about the licensure requirements in the state where they are located. You must ascertain the specific requirements of the state in which the program is offered.

Medical Credentialling

What is Credentialling

Medical credentialling refers to the process of permitting an individual doctor to practice in a particular hospital, clinic or other medical practice arrangements.

Requirements

The minimum requirements for a full medical credentialling are:

- Valid ECFMG certification
- Verification of undergraduate and graduate medical education.

Other requirements may be established from time to time.

Direct Verification

In the verification process, the verifier must receive confirmation from the institution which gave you medical education certificates. You cannot collect and send on behalf of the Institution.

Speeding Up

You will be notified by the credential committee when the confirmation is received and also when there is delay on the part of the Institute.

If there is delay, you must contact your Institute and request them to speed up the process.

Speciality Certification

What is Speciality Certification?

All of the primary medical specialities and most of the recognized medical subspecialities offer certification under the auspices of the American Board of Medical Specialities (ABMS).

Requirements

Requirements to take up the speciality certification examinations are the same for IMGs and US Graduates.

This requires successful completion of an ACGME accredited residency program in a primary medical speciality.

Other requirements vary from Board to Board.

Certification and Licensure

Medical speciality certification is a voluntary process, completely separate from medical licensure. Almost all speciality boards require valid medical licensure as a prerequisite for speciality certification.

Is Speciality Certification Necessary?

Speciality certification is not necessary for medical licensure. Doctors can practice without speciality certification. But some credentialling bodies have speciality certification as a local requirement.

For More Information

Each medical speciality board has a unique process of evaluation and assessment and specific information should be obtained from the individual speciality board or from ABMS. You must contact them to get exact information.

Subspeciality Certification

Many medical subspecialities offer certification. These are offered by primary ABMS certifying boards.

Primary certification by an appropriate primary certifying board is a prerequisite for subspeciality certification.

International medical graduates who are not certified by a primary ABMS certifying board cannot qualify for subspeciality certification, even if the subspeciality fellowship they complete is accredited by the ACGME.

You must contact the Boards for specific information.

Fellowship

Fellowship - The Basics

What is Fellowship?

Fellowships are advanced graduate medical education programs in areas of primary medical specialities, referred to as "subspecialities."

Who can join?

The doctors with prior training in the speciality of which the program is a subspeciality can enter the program. Some programs accept fellowship applicants with prior training in a variety of specialities.

Requirements

IMGs can enter fellowship programs in two ways.

With Residency

International medical graduates may enter fellowships after having completed an ACGME accredited residency in a primary speciality.

Without Residency

International medical graduates may enter fellowships based on speciality training outside of the United States.

Programs without Accreditation

Some fellowship programs are accredited. Some are not. IMGs can take up fellowships whether they are accredited or not.

However, in the case of programs without accreditation, you have to contact ECFMG to make special arrangements.

How to Enter?

Application Service

There is no centralized fellowship application service. Applications must be obtained from and returned to individual programs.

ECFMG will provide ECFMG certification status reports and USMLE transcripts to fellowship programs upon the applicant's request and payment of appropriate fees.

NRMP Match

Some accredited fellowship programs participate in special Matches conducted by the NRMP. These programs operate very similarly to the Main Match for residency positions although the deadline dates vary.

Procedure

When you complete the above two procedures, you may get fellowship. Subsequent procedures are identical to those followed when a residency position is obtained.

Visa Issues

J-1 Visas

International medical graduates who have been on J-1 visas under the Exchange Visitor Program during their primary residency training may apply to extend their sponsorship to ECFMG.

The duration of participation for Exchange Visitors in graduate medical education is the "time typically required" to complete the program. The phrase "time typically required" refers to the medical speciality or sub-

speciality certification requirements published by the ABMS. The maximum duration of participation is limited to seven years.

Home Residence Requirement

The two-year home country physical presence requirement, commonly called the home residence requirement, applies to J-1 Exchange Visitor Physicians sponsored by ECFMG for purposes of graduate medical education (and all accompanying J-2 dependents).

This means that the Exchange Visitor must reside and be physically present in the country of citizenship or most recent legal permanent residence for an aggregate of at least two years prior to obtaining H (temporary worker), L (intracompany transferee), or LPR (lawful permanent resident) status.

ECFMG may only consider foreign nationals for J-1 sponsorship as fellows if the fellowship program is accredited by ACGME.

ECFMG serves as the sponsor for all J-1 visas, including those at the fellowship level. ECFMG has no role in the obtaining of the H-1B visa.

H-1B Visas

Foreign nationals on H-1B or other visas during their primary residency training must deal directly with the institution offering the fellowship to extend or renew their visas.

Foreign nationals entering fellowships without an ACGME accredited primary residency may consider the non-immigrant visa options, such as the J-1 or H-1B visa.

Useful Resources

Official Sources

- **ABMS**
  Website: http://www.abms.org/
- **ACGME**
  Website: http://www.acgme.org/
- **Online NRMP**
  Website: http://nrmp.aamc.org/
- **Online FREIDA**

Website: http://www.ama-assn.org/freida

ECFMG

Website: http://www.ecfmg.org/

Suggested Books

USMLE Step 1

Review for Usmle Step 1 (National Medical Series)
John S. Lazo

Exam Master for the USMLE Step 1
Exam Master Corporation

MEPC: 1200 questions and answers:USMLE Step 1 Review
Alfred Olusegun Fayemi

Appleton & Lange's Review for the Usmle Step 1
Thomas K. Barton

Appleton & Lange's Review of General Pathology
Martin, Mb, Bs Lewis

Appleton & Lange's Review of Microbiology & Immunology
William W. Yotis

Appleton & Lange's Review of Physiology (Appleton & Lange's Review Series.)

David G., Ph.D. Penney, Andreas, Md., Ph.D.

Appleton and Lange's Review of Anatomy for Usmle Step 1 (A&L Review)
Royce L. Montgomery, Mary C. Singleton

Anatomy : Review for USMLE, Step 1
Kurt E. Johnson,

Appleton and Lange's Review of Anatomy for USMLE Step 1
Royce L. Montgomery, Mary C. Singleton.

Basic Sciences Underground Clinical Vingettes; USMLE Step 1

Exam Master for the USMLE Step 1; General Principles
Exam Master Corporation

Racking the Boards : Usmle Step 1 (Princeton Review Series)
Michael Stein(Editor)

First Aid for the USMLE Step 1: A Student-to-Student Guide
Vikas Bhushan

Pathology (Board Review Series)
Arthur S. Schneider, Philip A. Szanto

Pharmacology (Lippincott's Review Series)
Catherine Paradiso

Lippincott's Illustrated Reviews : Biochemistry
Pamela C. Champe, Richard A., Ph.D. Harvey

Gross Anatomy (Board Review Series)
Kyung Won, Ph.D. Chung

USMLE Step2

Review for Usmle Step 2 (National Medical Series)
Kenneth Ibsen

Exam Master for the USMLE Step 2
Exam Master Corporation

Alert Usmle Step 2 Deluxe
Appleton

Appleton & Lange's Outline Review for the Usmle Step 2
Joel S. Goldberg

Appleton & Lange's Practice Test USMLE Step 2

Joel S. Goldberg

Appleton & Lange's Review for the Usmle Step 2
Robin J. O. Catlin

The Instant Exam Review for the Usmle Step 2
Joel S. Goldberg

Appleton & Lange's Review of Internal Medicine
Barry J. Goldlist

Appleton & Lange's Review of Obstetrics and Gynecology
Thomas M. Julian,

Appleton & Lange's Review of Pediatrics
Martin I., M.D. Lorin

Appleton & Lange's Review of Surgery
Simon Wapnick

USMLE Step 3

Exam Master for the USMLE Step 3
Exam Master Corporation

Appleton & Lange's Review for the Usmle Step 3
Samuel L. Jacobs

Instant Exam Review for the Usmle Step 3
Joel S. Goldberg

Appleton & Lange's Review for the USMLE Step 3
Samuel L. Jacobs

Mosby's Usmle Step 3 Reviews--Specialty Clinical Sciences
Joe Donnelly

MEPC: USMLE Step 3 Review
Carlyle H. Chan

Hospitals

USNews.Com
Website: http://www.usnews.com/usnews/nycu/health/hosptl/tophosp.htm

American Hospital Directory
Website: http://www.ahd.com/

Hospital Soup
Website: http://www.hospitalsoup.com/

Job Resources

There are hundreds of US health job sites. We have given only a few.

DoctorJobs
Website: http://www.doctorsjobs.org/

PracticeLink
Website: http://www.practicelink.com/

PracticeMatch
Website: http://www.practicematch.com/

MDDirect
Website: http://www.mddirect.com/

MDJobs
Website: http://www.mdjobs.com/

MDJobSearch
Website: http://www.mdjobsearch.net/

MDJobSite
Website: http://www.mdjobsite.com/

MD-Jobs
Website: http://www.md-jobs.com/

HealthCareSource
Website: http://www.healthcaresource.com/

Physician Search
Website: http://www.physicianssearch.com/

Hospital Soup
Website: http://www.hospitalsoup.com/

Immigration

Official Resources

Immigration and Naturalization Service
Website: http://www.ins.usdoj.gov/

Visa Services
Website: http://travel.state.gov/visa_services.html

Other Resources

Immigration Tutorial
Website: http://www.us-immigration.com/do.htm

Practical Guide
Website: http://www.shusterman.com/

Immigration Services
Website: http://members.aol.com/mdudall/

Associations

IMG Associations

AAPI
Website: http://www3.estart.com/aapi/

ALMA
Website: http://www.almamater.org/ALMA/Default.html

APPNA
Website: http://www.appna.org/

CAMS
Website: http://www.camsociety.org/

HMAA
Website: http://www.hmaa.org/

ICPS
Website: http://users.rcn.com/icps/

IMANA

Website: http://www.imana.org/

NHMA
Website: http://home.earthlink.net/~nhma/

NAAMA
Website: http://www.naama.com/

VAMA
Website: http://www.vama.org/

Accommodation

United States is a very big country. The prices vary considerably from state to state and city to city.

What is the least fare in Silicon Valley area would a premium price in another part of country.

There are plenty of websites on each state and city. After you decide about the state, go to these state or city websites and do a research.

For example, if you go to Yahoo and select US States, you will find detailed information for each state and important city. From there you can narrow down and get at your target.

Useful links

Almost all the major search engines, directories and health oriented sites are US centric. Hence the number of useful links will go beyond the scope of this book.

However, you will find the following sites interesting and useful.

Health Links

- **Health Finder**
  Website: http://www.healthfinder.gov/
- **Achoo**
  Website: http://www.achoo.com/
- **eMedGuides**
  Website: http://www.emedguides.com/
- **MedExplorer**
  Website: http://www.medexplorer.com/
- **MedGuide**
  Website: http://www.medguide.net/

MedlinePro
Website: http://www.medlinepro.com/

MedSurfer
Website: http://www.medsurfer.com/

WebMD
Website: http://www.WebMD.com

About United States

We have given just a few points. You can find plenty of literature on US, its states and cities online.

Geography

The United States of America, located on the North American continent, is bordered by Canada to the north, Mexico to the south, the Atlantic Ocean to the east, and the Pacific Ocean to the west.

It is the fourth largest country in the world.

The climate varies from region to region. In the northern regions, temperatures drop during the winter months, in some places to below freezing.

People

The total population is 275 million.

English is the predominant language.

The population consists of almost all the ethnic groups in the world.

Economy

The District of Columbia, often referred to as Washington, DC is the capital. Do not confuse this with Washington state, which is on the West Coast of the USA.

The United States is a federal republic, based on the US Constitution, comprising 50 states and the District of Columbia.

Weights and Measures are based on the UK imperial system, with a few exceptions.

Electricity system is AC, 110/120 volts, 60 cycles, single phase.

The currency system is US Dollar.

United Kingdom

Overview

The chapter "Registration" deals with different types of registration. The chapter "IELTS" discusses about IELTS so far as it is related to the United Kingdom.

The next three chapters explains PLAB test and its two parts. The chapter that follows these chapters gives you a list of resources for PLAB preparation. The chapter "Duties of Doctor" is important as you must know the duties when you work in the United Kingdom.

The chapter "ODTS" explains about Overseas Doctors Training Scheme. The next chapter tells you about "Alternative Qualifications."

The chapter "Specialist Training" tells about the opportunities for specialists. The next chapter guides you on Internship opportunities in the United Kingdom.

The chapter "Observer Attachment" tells about how you can gain some knowledge about hospitals in the United Kingdom without registration.

As there is a wealth of knowledge on training schemes the chapter "Training-Quick Facts" recollects important points.

The chapter "National Health Service" is important as most of the hospitals work under NHS. The facts about EEA countries are explained in "EEA countries".

The chapter "Medical Defence" is about the importance of Medical Insurance. The chapter "Medical Council" gives contact details.

The chapter "Suggested Books" gives a list of books that will be useful in PLAB preparation. The chapter "Job Resources" gives useful resources for getting a job. The chapter "Immigration" gives useful tips on visas.

The chapter "Associations" gives a list of useful associations. The chapter "Accommodation" will help you in finding a cheap accommodation.

The chapter "Useful Links" lists useful websites and the chapter "About United Kingdom" tells you about the United Kingdom.

Registration

The General Medical Council is a statutory body responsible for the regulation of the medical profession in the United Kingdom.

Doctors cannot carry out any clinical training involving the management of patients in the United Kingdom unless they are registered with the General Medical Council.

No work or training involving direct contact with patients should take place until the doctor has applied for and obtained the appropriate registration certificate.

Any EEA or overseas-qualified doctor wishing to work or train in a professional medical capacity in the United Kingdom must first obtain registration from the General Medical Council.

Before they can be granted registration, many overseas-qualified doctors must pass the Professional and Linguistic Assessments Board (PLAB) test which assesses medical competence, or provide alternative objective evidence of capability for practice.

All overseas qualified doctors are required to seek a satisfactory score in in the academic modules of the International English Language Testing System (IELTS) before they can be granted registration.

The exceptions to IELTS are:

- Doctors who are nationals of an EEA (non-United Kingdom) Member State
- Doctors with enforceable European Community rights
- Doctors applying for temporary full registration

Non-clinical posts and observerships do not require registration. A doctor who is in the United Kingdom to take the PLAB test may also undertake periods of observership.

Now let us discuss the different types of registration and procedures.

Types Of Registration

There are three kinds of registration

- Limited Registration
- Full Registration
- Provisional Registration

Limited Registration

Limited registration is for doctors from outside the European Union who come to the United Kingdom for supervised postgraduate training.

Overseas qualified doctors who do not fulfil conditions for full registration apply for limited registration, if they can meet the requirements.

Requirements

The general requirements for Limited Registration are

- You must have at least one year's acceptable pre-registration (internship) training.
- You must pass, or be exempt from, the PLAB test.
- You must have a job supervised by a fully registered medical practitioner in training posts.

In certain circumstances limited registration may be granted for pre-registration house officer posts in the United Kingdom. In other words, you can take internship training in the United Kingdom. But this is an uncommon opportunity.

It is because the number of posts available is very limited. It is preferable to complete one year's acceptable pre-registration (internship) training in your country.

Restrictions

Limited registration is granted for up to a total of five years of training (not necessarily five continuous years).

Doctors with limited registration will be permitted to change or extend their employment within the range specified by the General Medical Council. For changes outside the specified range of employment, doctors must resubmit their application to the General Medical Council.

Doctors eligible for limited registration must fulfil all the conditions for limited registration including passing the Professional and Linguistic Assessment Board (PLAB) test or providing alternative objective evidence of capability for practice.

Persons who are not EEA nationals but who have obtained their primary medical qualification in an EEA country will be eligible for limited registration. They may be required to fulfil all the conditions for obtaining limited registration including passing the PLAB test.

The majority of overseas-qualified doctors coming to the United Kingdom for training will have qualifications which are accepted for the purpose of limited registration only.

In reply to the initial enquiry about registration the General Medical Council will inform you which kind of registration - limited or full - you are eligible to apply for.

Applicants for limited registration must have completed a year's internship acceptable to the General Medical Council and must either have passed the PLAB test or provide alternative objective evidence of capability for practice.

Limited registration is granted for a maximum period of five years and may, according to the doctor's circumstances, be restricted to employment in particular posts or confined to a particular grade or speciality.

It permits a period of general or specialised training in the United Kingdom, usually in approved hospital posts.

Doctors are usually granted limited registration for an initial period of twelve months, to enable the General Medical Council to monitor their performance, as necessary.

Thereafter, further periods of limited registration may be applied for until the maximum total period of five years has been reached.

Registration or eligibility to apply for registration does not in itself permit entry to the United Kingdom. Immigration is a separate process.

Conversion of Registration

It may be possible to transfer from limited registration to full registration

- if the doctor has demonstrated the ability to practise satisfactorily as a Senior House Officer (SHO) in the United Kingdom and/or has made progress towards a registerable higher qualification.
- if the doctors has 're-qualified', i.e. has taken a University or alternative primary medical qualification in Britain administered by the United Examining Board.

Full Registration

Most Overseas Doctors apply for Full Registration after Limited Registration. Full registration is for doctors who have completed a period of supervised training.

Full registration allows doctors to take up any type of medical appointment within the United Kingdom.

Doctors who hold a primary medical qualification recognised by the General Medical Council for the purpose of full registration may apply for full registration. These are doctors who have obtained their primary medical qualification in

- the United Kingdom,

- in the EEA (provided they are also EEA nationals), or
- at selected medical schools in Australia, Hong Kong, New Zealand, Singapore, South Africa, West Indies and Malaysia (Malaysia-before 1990).

Overseas qualified doctors who are directly applying for Full Registration are required to sit the IELTS test (Academic module) and score 7.0 or above in each band before they can be granted registration. This is not applicable to EEA nationals, those with enforceable EC rights, or applicants for Temporary Full Registration.

EEA doctors are not obliged to take the PLAB test for registration purposes. But many employers, as a condition of employment in the United Kingdom, ask you to produce evidence of a satisfactory standard of English. Some employers ask doctors to take the 'International English Language Testing System' (IELTS) test or other approved English language proficiency test.

Full registration allows doctors to undertake any kind of professional medical employment in the United Kingdom.

However, Overseas Doctors (except EEA) have to satisfy work permit regulations if the post is not a hospital training post.

There are also additional regulations for entering general practice.

EEA doctors who fulfil the following conditions are eligible for full registration with the General Medical Council. These are doctors who:

- hold a recognised primary medical qualification granted within the EEA
- are nationals of an EEA member state, or hold other enforceable EC rights
- have completed pre-registration (internship) training
- are in good standing in the Member State of origin

If the overseas-qualified doctor obtained his or her primary medical qualification at one of a selected list of medical schools in the following countries, he or she may apply for full registration:

- Australia
- Hong Kong
- New Zealand
- Singapore
- South Africa
- West Indies

Temporary Full Registration

Temporary full registration may be granted to highly qualified specialists from overseas who would normally fall into the limited registration category.

This type of registration is usually available for those working at Visiting Professor level who wish to come to the United Kingdom for a short period to provide services of a specialist nature.

You must write to the General Medical Council and find out whether you are eligible for this type of Registration.

Provisional Registration

Provisional registration is for doctors from the United Kingdom and European Union in their first year of supervised postgraduate training.

This is given to United Kingdom doctors who hold qualifications recognised by the General Medical Council for full registration and who are undertaking their pre-registration (internship) year in the United Kingdom.

After successful completion of their pre-registration year these doctors may convert to full registration.

For EEA nationals who have qualified in an EEA member state this type of registration is known as 'pre-registration limited registration'.

IELTS

IELTS is the short form of International English Language Testing System.

Overseas doctors should begin the process of becoming eligible for registration by taking the IELTS in or near their home countries.

The International English Language Testing System is a pre-requisite for admission to the PLAB test.

The minimum accepted scores are:

- Speaking 7.0,
- Listening 6.0,
- Academic Reading 6.0,
- Academic Writing 6.0
- Overall score: 7.0

The General Medical Council will only accept the Academic module of the IELTS and test results are valid for upto 2 years from the date which appears on the IELTS certificate.

The doctors who are accepted for exemption from the PLAB test are required to score 7.0 or above in each band of the IELTS test.

Some Royal Colleges require a higher score for the IELTS, for doctors applying for the Overseas Doctors Training Scheme (ODTS). They will be required to obtain a score of 7.0 or above in each band of the IELTS.

What is IELTS?

IELTS tests the complete range of English language skills which will commonly be encountered by students when studying or training in the medium of English.

All candidates take the same Listening and Speaking Modules. There are Academic module and General Training Module. You have to take up Academic Module for PLAB test purpose.

IELTS is jointly managed by The University of Cambridge Local Examinations Syndicate (UCLES), The British Council and IDP Education Australia.

Test Parts

The test has 4 parts. They are:

- Listening
- Academic Reading
- Academic Writing
- Speaking

Listening

This has four sections. The total number of items is 40. You have 40 minutes to complete the Listening part.

Academic Reading

This has four sections. The total number of items is 40. You have 60 minutes to complete the Academic Reading part.

Academic Writing

This has two sections. You have 60 minutes to complete the Academic writing part.

Speaking

You have 10 to 15 minutes to complete this part.

So, the total test time is approximately 2 hours 45 minutes.

All candidates take the same Listening and Speaking Modules.

Test Results

The results are returned to the candidates within two weeks in the form of a Test Report Form.

Candidates receive scores on a band scale from 1 to 9

Candidates receive a score for each module of the test as well as an overall score.

Overall Band Scores and Listening and Reading Band Scores are reported in half bands; Writing and Speaking Band Scores are reported in whole Bands.

There is no pass or fail mark.

The IELTS Handbook provides a written Interpretation of Results.

Results are valid for two years.

Test Report Form

IELTS provides a profile of English language ability in Listening, Reading, Writing and Speaking.

A Band Score for each of the four modules as well as an overall score is recorded on the Test Report Form.

This allows receiving institutions to clearly identify the candidates' strengths and weaknesses.

These Band Scores are recorded on the Test Report Form along with details of the candidate's nationality, first language and date of birth.

Marking at the test centre ensures that test results are available without any administrative delay.

A valid Test Report Form bears a centre stamp, a validation stamp and the IELTS administrator's signature.

Interpretation of Results

Each Band corresponds to a descriptive statement giving a summary of the English of a candidate classified at that level. Overall Band Scores can be reported in either whole or half Bands.

The nine bands and their descriptive statements are as follows:

9 - Expert User

Has fully operational command of the language: appropriate, accurate and fluent with complete understanding.

8 - Very Good User

Has fully operational command of the language with only occasional unsystematic inaccuracies and inappropriacies. Misunderstandings may occur in unfamiliar situations. Handles complex detailed argumentation well.

7 - Good User

Has operational command of the language, though with occasional inaccuracies, inappropriacies and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning.

6 - Competent User

Has generally effective command of the language despite some inaccuracies, inappropriacies and misunderstandings. Can use and understand fairly complex language, particularly in familiar situations.

5 - Modest User

Has partial command of the language, coping with overall meaning in most situations, though is likely to make many mistakes. Should be able to handle basic communication in own field.

4 - Limited User

Basic competence is limited to familiar situations. Has frequent problems in understanding and expression. Is not able to use complex language.

3 - Extremely Limited User

Conveys and understands only general meaning in very familiar situations. Frequent breakdowns in communication occur.

2 - Intermittent User

No real communication is possible except for the most basic information using isolated words or short formulae in familiar situations and to meet immediate needs. Has great difficulty understanding spoken and written English.

1 - Non User

Essentially has no ability to use the language beyond possibly a few isolated words.

0 - Did not attempt the test

No assessable information provided.

Test Centres

IELTS is available in over 200 centres in more than 100 countries.

The test is available at least once a month in all centres. Test dates are flexible and set by individual test centres.

You can obtain information on IELTS from

- **The British Council in your country**
- **The IELTS website**
  Website: http://www.ielts.org/

PLAB Test

A pass in the test conducted by the Professional and Linguistic Assessments Board (the PLAB test) makes a doctor eligible to apply for limited registration to practise medicine in the United Kingdom.

The General Medical Council (GMC) will only grant Limited Registration to an overseas doctor if

- the doctor has passed or been exempted from the PLAB test
- the doctor has acceptable primary medical qualification
- the doctor is of good character

Limited registration will allow you to practise in the United Kingdom under supervision in approved training posts.

Under some circumstances, you may be exempt from the test.

Doctors may be able to enter the United Kingdom as visitors for a period of up to six months for the purposes of sitting or re-sitting the PLAB test.

Passing the PLAB test will not guarantee the offer of a job in the United Kingdom. Finding a job remains the responsibility of the doctor.

There are fewer vacancies in some specialities than in others. There is almost always a delay of several weeks, possibly months, between passing the test and starting a job.

The examiners and question writers know that you may not be familiar with British culture or the National Health Service. This has been taken into account in the design of the Examination.

Demand for test places is very high and tests often become fully booked months in advance of the test date. So, applications to sit the test should be sent to the General Medical Council well in advance.

Exemption from PLAB test

There are several categories which the General Medical Council will accept other than a pass in the PLAB test.

The following categories of doctors may be exempt from taking the PLAB Test.

- Senior Doctors Route
- Full Membership of a Royal College
- Sponsorship through an Overseas Doctors Training Scheme
- Sponsorship through the British Council
- Sponsorship through a United Kingdom university – for doctors undertaking research or academic work for which they require clinical access
- A small number candidates of Postgraduate Institutions

- Doctors whose primary medical qualifications were obtained at one of the selected medical schools in Australia, Hong Kong, New Zealand, Singapore, South Africa, West Indies and Malaysia (Malaysia - before 1990)

The doctors seeking exemption from the PLAB test must have a minimum overall score of 7.0 in the academic version of the IELTS test, scoring not less than 7.0 in each of the four bands.

Doctors who hold qualifications recognized by the General Medical Council for full and provisional registration are not required to take the PLAB test.

EEA doctors may sometimes be asked by their prospective employers to take an English language test, as a condition of being offered a post.

Doctors who are sponsored by the British Council, or other official sponsoring bodies, or who are on the Overseas Doctors Training Scheme (ODTS), do not have to take the PLAB test and must not do so before or during the period of their sponsorship. If they take the PLAB test and fail it they will no longer be eligible for sponsorship.

EEA nationals who have qualified in an EEA member state are not required to take the PLAB test in order to obtain full registration with the General Medical Council. However, prospective employers in the United

Kingdom may require them to prove that their knowledge of English is satisfactory as a condition of being offered a post. This may be done in various ways: they may accept a recognised English language qualification held by the doctor; or require him or her to sit the International English Language Test (IELTS); or another English language exam; or they may assess the standard of English at an interview.

In the case of limited registration a doctor must either have passed the PLAB test or have provided alternative objective evidence of capability for practice.

Doctors who have already failed the PLAB test are not normally regarded by the General Medical Council as suitable candidates for exemption.

Cost of the Test

The fee for Part 1 of the test is £145

The fee for taking Part 2 of the test is £430

The fee for checking your original documents when you apply for limited registration is £100

The fee for limited registration is £170

You should also consider living expenses if you are taking part 1 of the Examination in the United Kingdom.

Nature of the test

The test assesses suitability to undertake hospital employment at Senior House Officer level (SHO) in a United Kingdom hospital by examining the candidate's medical knowledge and clinical and communication skills.

The PLAB test consists of two parts.

- Part 1 - EMQ
- Part 2 - OSCE

PLAB Part 1

Part 1 of the PLAB test is in Extended Matching Question (EMQ) format. The emphasis of the test is on clinical management and includes science as applied to clinical problems. It is the theory part of the test.

It will contain 200 questions, divided into a number of themes.For each group of questions there will be a list of options. Candidates are required to select the most appropriate option for each question.

Candidates will be required to enter their responses on special answer sheets which can be read by an optical mark reader.

The duration of the test will be approximately three hours.

The examination will be marked by computer.

Part 1 of the test can be taken in the United Kingdom and in some other countries.

We will discuss Part 1 in detail later.

Part 2

Part 2 is also known as Objective Structured Clinical Examination (OSCE). The aim of OSCE is to test candidates' clinical and communication skills in a number of controlled situations.

It is the practical part of the test.

You have to attend 14 stations or cases.

It lasts for one and half hours.

Examiners will be present and they will award you grades.

You must pass Part 1 before entering Part 2. Only after passing Part 2, you can apply for limited registration.

Part 2 of the test can only be taken in the United Kingdom.

We will discuss Part 2 in detail later.

Reexamination

Failure in Part 1

A doctor who has failed severely will not be admitted to re-sit Part 1 of the test for at least four months.

Failure in Part 2

If the test is failed at the fourth attempt, the candidate will be required to re-sit the IELTS test and also the whole of the PLAB test.

Preparation for the PLAB test

Preparation courses from private organisations for the PLAB test are available in the United Kingdom. Such courses are conducted in other countries also. The courses cover either the combined English and professional component or just the English.

We have provided a list of such courses later for your benefit. The quality and the fees vary greatly.

PLAB Test Part 1

Part 1 of the PLAB test is also known as the Extended Matching Question Examination. Its short form is EMQ.

The aim of the EMQ Examination is to test your professional knowledge so that you can safely manage patients as a senior house officer. Part 1 is the theory part of the PLAB test.

Expected Standard

A candidate's command of the English language and professional knowledge and skill must be shown to be sufficient for him or her to undertake safely employment as a senior house officer (SHO) in his or her first appointment in a United Kingdom hospital.

Scope of Test

The PLAB test is set at the level of a SHO in a first appointment in a United Kingdom hospital. The emphasis of this Examination is on clinical management and science as applied to clinical problems. It is confined to core knowledge, skills and attitudes relating to conditions commonly seen by

SHOs the generic management of life-threatening situations and rarer, but important, problems.

Eligibility for Part 1

Before you enter the PLAB test you must have obtained:

- A primary medical qualification acceptable for limited registration
- Acceptable scores in the IELTS Test
- 12 months' postgraduate clinical experience

A primary medical qualification

The General Medical Council's First Application Service should have told you whether your primary medical qualification is acceptable. Acceptable qualifications include those listed in the World Directory of Medical Schools published by the World Health Organisation.

Acceptable scores in the IELTS Test

You should have passed IELTS within a maximum of two years before the date you take Part 1 of the PLAB test.

You must obtain the following minimum scores in the IELTS test:

- Overall: 7.0,
- Speaking: 7.0

- Listening: 6.0
- Academic Reading: 6.0
- Academic Writing: 6.0.

Postgraduate Clinical Experience

You need 12 months' postgraduate clinical experience from teaching hospitals or other hospitals approved by the medical registration authorities in the appropriate country.

It is possible to enter the PLAB test without this experience but you would be at a disadvantage. Without this experience you will initially only be granted limited registration at the grade of House Officer (the grade occupied by new medical graduates).

Validity Period

You must pass Part 1 within two years of the date of your IELTS report form and you must pass Part 2 within two years of passing Part 1. Otherwise you have to start over from the beginning.

Attempts at Part 1

There is no limit to the number of times that you may take Part 1, but you must have a valid IELTS report form dated not more than two years before each attempt.

You may have four attempts at Part 2, which must be within two years of your Part 1 pass. If you do not pass at your fourth attempt, you must re-take IELTS and Part 1. There are no exceptions to this rule.

Pass Rate in Part 1

There is no set pass rate. A few candidates believe that some centres have better pass rate than other centres. Such views are not true.

Part 1 held overseas is not different from Part 1 in the United Kingdom. They are identical papers, held as far as possible under identical conditions. All papers are marked at the same time in the United Kingdom.

Locations for Part 1

You can take the Examination in:

- **The United Kingdom**
  - Birmingham

- London
- Manchester

Egypt
- Cairo

India
- Calcutta
- Chennai
- New Delhi
- Mumbai

Nigeria
- Lagos

Pakistan
- Islamabad
- Karachi

Sri Lanka
- Colombo

Test Dates

The Examination is run six times a year in the United Kingdom, approximately every two months, and three times a year at overseas centres.

The application form and list of available Examination places in your information pack relate to the country in which you expressed a wish to take the Examination.

A list of dates and Examination centres will be sent to you. You can choose your preferred centres and dates from the list. An up-to-date list can also be found at the General Medical Council website.

Test Duration

The Invigilator's instructions will take about 30 minutes. The Examination will last three hours and collecting the Examination materials will take a further fifteen minutes. You will be required to be at the Examination centre for a minimum of three and a half hours.

Arrival at Centre

The letter offering you a place will tell you the time you should arrive at the Examination. If you arrive after the first half an hour of the Examination has passed, you will not be allowed to enter the Examination hall.

You will not be permitted to leave the Examination hall in the first half hour or in the last half hour of the Examination.

Water will not be available during the Examination.You may bring a half litre bottle of mineral water, if you wish.

Proof of identity

You must take proof of your identity to the Examination together with the letter from the General Medical Council or British Council offering you a place in the Examination. These will be checked at the Examination.

To be accepted, the identification document must bear your photograph.

The following are acceptable forms of identification.

- Your Passport
- Your United Kingdom Immigration and Nationality Department identification document
- Your Home Office travel document
- Your United Kingdom driving licence

No other identification document will be accepted.

For most Overseas Doctors Passport will be the identification document.

During EMQ Examination

You will be provided with all the materials you need during the EMQ Examination. You may not use or refer to any other materials.

The Invigilator's will give you instructions for 30 minutes. Then the examination will start.

The Examination will last three hours. You can not leave the hall in the first 30 minutes and the last 30 minutes.

Even if everything goes wrong for you, keep trying till the last minute. As there are no negative marks for incorrect answers, it is worth trying.

When the stop bell rings, you must immediately stop answering and wait for your turn to hand over the Examination materials. It may take upto 15 minutes.

A very few candidates may try prohibited methods to improve their performance. This will result in serious consequences, which may affect their future career. Always avoid such temptations.

The prohibited and unacceptable practices are:

- Copying, stealing, appropriation or use of the work of another.
- Permitting or assisting another to copy or use one's own work.
- Taking into the examination hall any materials or aids.

- Using, attempting to use, assisting another to use or attempting to assist another to use any other unfair, improper or dishonest method to gain advantage in any part of the process.
- Conduct in the centre which the Chief Invigilator, invigilator or other official appointed to control the conduct of candidates thinks is causing disturbance to other candidates or affecting the proper running of the Examination.
- Communicating or attempting to communicate with any other candidate during the course of the Examination.
- Removal from the centre any papers, answer sheets or other materials.
- The theft or concealment of any material which is the property of the General Medical Council.

Scoring

The Examination will be marked in the United Kingdom by computer. You will be given one mark for each correct answer. There will be no negative marks for wrong answers.

Test Results

At the end of the Examination, you will be told the date on which your results will be available.

For Examinations held in the United Kingdom, results will be put in the post on that date. Results may not be collected from the General Medical Council's offices. General Medical Council will not give results by phone or fax. So, do not waste your time

For Examinations held in all other countries, you can collect your results on that date from the British Council office in the city where you took the Examination. Results not collected will be put in the post the following day.

Pass in Part 1

If you pass the Examination you will be sent an application form and information pack for Part 2 of the PLAB test together with your results.

Fail in Part 1

If you fail the Examination you may re-apply. You will be sent another application form with the letter informing you of your results.

A doctor who has failed severely will not be admitted to re-sit part 1 of the test for at least four months.

Feedback on Performance

Your results will include information about your position in relation to the pass mark and the performance of the other candidates.

You will not get a detailed breakdown of whether you answered individual questions correctly or incorrectly.

Appeals Against Results

You may not appeal against the mark you receive for the Examination. The examiners' decision is final.

Candidates wishing to verify any mark or marks, by means of a clerical check, shall apply to the Head of the PLAB Test Section.

Syllabus

The Examination assesses the ability to apply knowledge to the care of patients.

The subject matter is defined in terms of

- the skills

- the content

Skills

Four groups of skills will be tested in approximately equal proportions.

- Diagnosis
- Investigations
- Management
- The context of clinical practice

Diagnosis

You will be given the important facts about a patient (such as age, sex, nature of presenting symptoms, duration of symptoms).

Based on the given facts, you are asked to select the most likely diagnosis from a range of possibilities.

Investigations

This refers to the selection or the interpretation of diagnostic tests.

You will be given the important facts about a patient. You will be asked to select the investigation which is most likely to provide the key to the diagnosis.

You may be given the findings of investigations.You will be asked to relate these to a patient's condition or to choose the most appropriate next course of action.

Management

You will be given the important facts about a patient's condition. You will be asked to choose from a range of possibilities the most suitable course of treatment.

In the case of medical treatments you will be asked to choose the correct drug therapy and will be expected to know about side effects.

The context of clinical practice

This may include:

- Explanation of disease process: The natural history of disease will be tested with reference to basic physiology and pathology.
- Legal ethical: You are expected to know the major legal and ethical principles set out in the General Medical Council publication Duties of a Doctor.
- Practice of evidence-based medicine: Questions on diagnosis, investigations and management may draw upon recent evidence

published in peer-reviewed journals. In addition, there may be questions on the principles and practice of evidence-based medicine.

- Understanding of epidemiology: You may be tested on the principles of epidemiology, and on the prevalence of important diseases in the United Kingdom.
- Health promotion: The prevention of disease through health promotion and knowledge of risk factors.
- Awareness of multicultural society: You may be tested on your appreciation of the impact on the practice of medicine of the health beliefs and cultural values of the major cultural groups represented in the United Kingdom population.
- Application of scientific understanding to medicine.

Content

The content to be tested is, for the most part, defined in terms of patient presentations. Where appropriate, the presentation may be either acute or chronic.

You will be expected to know about conditions that are common or important in the United Kingdom for all the systems outlined below.

Examples of the cases that may be asked about are given under each heading and may appear under more than one heading.

These examples are for illustration and the list is not exhaustive. Other similar conditions might appear in the Examination.

Accident and emergency medicine (to include trauma and burns)

- Abdominal injuries
- abdominal pain
- back pain
- Bites and stings
- breathlessness/wheeze
- bruising and purpura
- burns,
- chest pain
- collapse
- coma
- convulsions
- diabetes
- epilepsy
- eye problems,
- fractures,

- dislocations
- head injury,
- loss of consciousness,
- non-accidental injury,
- sprains and strains,
- testicular pain.

Blood (to include coagulation defects)

- Anaemias,
- bruising
- purpura.

Cardiovascular system (to include heart and blood vessels and blood pressure)

- Aortic aneurysm,
- chest pain,
- deep vein thrombosis (DVT),
- diagnosis and management of hypertension,
- heart failure,
- ischaemic limbs,
- myocardial infarction,
- myocardial ischaemia,

- stroke,
- varicose veins.

Dermatology, allergy, immunology and infectious diseases

- Allergy,
- fever and rashes,
- influenza/pneumonia,
- meningitis,
- skin cancers.

ENT and eyes

- Earache,
- hearing problems,
- hoarseness,
- difficulty in swallowing,
- glaucoma,
- 'red eyes',
- sudden visual loss.

Gastrointestinal tract, liver and biliary system, and nutrition

- Abdominal pain,
- constipation,
- diarrhoea,

- difficulty in swallowing,
- digestive disorders,
- gastrointestinal bleeding,
- jaundice,
- rectal bleeding/pain,
- vomiting,
- weight problems.

Metabolism, endocrinology and diabetes

- Diabetes mellitus,
- thyroid disorders,
- weight problems.

Nervous system (both medical and surgical)

- Coma,
- convulsions,
- dementia,
- epilepsy,
- eye problems,
- headache,
- loss of consciousness,
- vertigo.

Orthopaedics and rheumatology

- Back pain,
- fractures,
- dislocations,
- joint pain/swelling,
- sprains
- Strains.

Psychiatry (to include substance abuse)

- Alcohol abuse,
- anxiety,
- assessing suicidal risk,
- dementia,
- depression,
- drug abuse,
- overdoses and self harm,
- panic attacks,
- post-natal problems.

Renal System (to include urinary tract and genitourinary medicine)

- Haematuria,

- renal and ureteric calculi,
- renal failure,
- sexual health,
- testicular pain,
- urinary infections.

Reproductive system (to include obstetrics, gynaecology and breast)

- Abortion/sterilisation,
- breast lump,
- contraception,
- infertility,
- menstrual disorders,
- menopausal symptoms,
- normal pregnancy,
- post-natal problems,
- pregnancy complications,
- vaginal disorders;
- scrotal swelling,
- testicular pain,
- torsion of the testes.

Respiratory system

- Asthma,
- breathlessness/wheeze,
- cough,
- haemoptysis,
- hoarseness,
- influenza/pneumonia.

Disorders of childhood (to include non-accidental injury and child sexual abuse; fetal medicine; growth and development)

- Abdominal pain,
- asthma,
- child development,
- childhood illnesses,
- earache,
- epilepsy,
- eye problems,
- fever and rashes,
- joint pain/swelling,
- loss of consciousness,
- meningitis,
- non-accidental injury,
- testicular pain,

- urinary disorders.

Disorders of the elderly (to include palliative care)

- Breathlessness,
- chest pain,
- constipation,
- dementia,
- depression,
- diabetes,
- diarrhoea,
- digestive disorders,
- headache,
- hearing problems,
- influenza/pneumonia,
- jaundice,
- joint pain/swelling,
- loss of consciousness,
- pain relief,
- terminal care,
- trauma,
- urinary disorders,
- vaginal disorders,

- varicose veins,
- vertigo,
- vomiting.

Peri-operative management

- Pain relief,
- shock,
- pre-operative assessment,
- post-operative management.

Test Format of Part 1

The Test consists of an Extended Matching Question Examination. The Examination paper will contain 200 questions in the extended matching format, divided into a number of themes.

Questions in the Examination will begin with a title which specifies both the skill and the content, for example, The management of varicose veins.

Each theme has a heading which tells you what the questions are about, in terms both of the clinical problem area, for example chronic joint pain and the skill required, for example diagnosis.

Within each theme there are several numbered items, usually between four and six. These are the questions – the problems you have to solve. There are examples below.

Begin by reading carefully the instruction which precedes the numbered items.

The instruction is very similar throughout the paper and typically reads 'For each patient described below, choose the SINGLE most discriminating investigation from the above list of options. Each option may be used once, more than once or not at all.'

Consider each of the numbered items and decide what you think the answer is.

You should then look for that answer in the list of options (each of which is identified by a letter of the alphabet). If you cannot find the answer you have thought of, you should look for the option which, in your opinion, is the best answer to the problem posed.

For each numbered item, you must choose ONE, and only one, of the options. You may feel that there are several possible answers to an item, but you must choose the one most likely from the option list.

If you enter more than one answer on the answer sheet you will gain no mark for the question even though you may have given the right answer along with one or more wrong ones.

In each theme there are more options than items, so not all the options will be used as answers. This is why the instruction says that some options may not be used at all.

A given option may provide the answer to more than one item. For example, there might be two items which contain descriptions of patients, and the most likely diagnosis could be the same in both instances. In this case the option would be used more than once.

You will be awarded one mark for each item answered correctly. Marks are not deducted for incorrect answers nor for failure to answer. The total score on the paper is the number of correct answers given. You should, therefore, attempt all items.

Names of drugs are those contained in the most recent edition of the British National Formulary.

Some questions relate to current best practice. They should be answered in relation to published evidence and not according to your local arrangements.

You should take steps to familiarise yourself with the range of equipment routinely available in teaching hospitals in your country.

You will have two marksheets on the day – a purple one for questions 1 – 100 and a pink one for questions 101 – 200. Instructions on how to complete the marksheet are at the top of the first sheet.

Here are the sample themes published by the General Medical Council.

EMQ 1

Theme

Diagnosis of chronic joint pain

Options

A) Ankylosing spondylitis
B) Erythema nodosum
C) Gout
D) Haemochromatosis
E) Hyperparathyroidism
F) Joint sepsis
G) Medial cartilage tear

H) Osteoarthritis

I) Psoriatic arthropathy

J) Pyrophosphate arthropathy

K) Reactive arthritis

L) Rheumatoid arthritis

Instructions

For each patient described below, choose the SINGLE most likely diagnosis from the above list of options. Each option may be used once, more than once, or not at all.

1) A 70 year old fit farmer presents with pain on weight bearing and restricted movements of the right hip.

2) A 73 year old woman with rheumatoid arthritis on immuno-suppressive drugs presents with systemic malaise and fever and has redness, heat and swelling of the wrist.

3) A 66 year old woman started frusemide two weeks ago and now presents with a red, hot, swollen metatarsal phalangeal joint.

4) A 22 year old male soldier presents with a two week history of a swollen right knee, conjunctivitis and arthritis.

5) A 30 year old man presents with a 10 year history of back pain, worse in the morning, and one episode of iritis.

EMQ 2

Theme

Investigation of confusion

Options

A) Blood cultures
B) Blood glucose concentration
C) Chest x-ray
D) Computed tomography (CT) scan of head
E) Electrocardiogram (ECG)
F) Full blood count (FBC)
G) Mid-stream specimen of urine
H) Serum urea and electrolytes
I) Stool culture
J) Thyroid function tests

K) Ultrasound abdomen

Instructions

For each patient described below, choose the SINGLE most discriminating investigation from the above list of options. Each option may be used once, more than once, or not at all.

6) An 84 year old woman in a nursing home has been constipated for a week. Over the past few days she has become increasingly confused and incontinent.

7) A previously well 78 year old woman has been noticed by her daughter to be increasingly slow and forgetful over several months. She has gained weight and tends to stay indoors with the heating on even in warm weather.

8) A 64 year old man has recently been started on tablets by his general practitioner. He is brought to the Accident and Emergency Department by his wife with sudden onset of aggressive behaviour, confusion and drowsiness. Prior to starting the tablets he was losing weight and complaining of thirst.

9) A frail 85 year old woman presents with poor mobility and a recent history of falls. She has deteriorated generally over the past two weeks with fluctuating confusion. On examination she has a mild right hemiparesis.

10) A 75 year old man with known mild Alzheimer's disease became suddenly more confused yesterday. When seen in the Accident and Emergency Department, his blood pressure was 90/60mmHg and his pulse rate was 40beat/min. and regular.

EMQ 3

Theme

Causes of pneumonia

Options

A) Bacteroides fragilis

B) Coxiella burnetii

C) Escherichia coli (Gram -ve)

D) Haemophilus influenzae

E) Legionella pneumophila

F) Mixed growth of organisms

G) Mycobacterium tuberculosis

H) Mycoplasma pneumoniae

I) Pneumocystis carinii

J) Staphylococcus aureus

K) Streptococcus pneumoniae

Instructions

For each patient described below, choose the SINGLE most likely causative organism from the above list of options. Each option may be used once, more than once, or not at all.

11) A 25 year old man has a three day history of shivering, general malaise and productive cough. The x-ray shows right lower lobe consolidation.

12) A 26 year old man presents with severe shortness of breath and dry cough which he has had for 24 hours. He is very distressed. He has been an IV drug user. The x-ray shows peri-hilar fine mottling.

13) A 35 year old previously healthy man returned from holiday five days ago. He smokes 10 cigarettes a day. He presents with mild confusion, a dry cough and marked pyrexia. His chest examination is normal. The x-ray shows widespread upper zone shadowing.

14) A 20 year old previously healthy woman presents with general malaise, severe cough and breathlessness which has not improved with a seven day course of amoxycillin. There is nothing significant to find on examination. The x-ray shows patchy shadowing throughout the lung fields. The blood film shows clumping of red cells with suggestion of cold agglutinins.

EMQ 4

Theme

The treatment of menopausal symptoms

Options

A) Clonidine

B) Combined hormone replacement therapy (HRT)

C) Dietary modification

D) Hypnotic preparations

E) Mineral supplements

F) Oestrogen only hormone replacement therapy (HRT)

G) Psychological support

H) Referral to psychiatrist

I) Regular exercise

J) Vaginal lubricant

K) Vaginal oestrogens

Instructions

For each patient described below, choose the SINGLE most appropriate treatment from the above list of options. Each option may be used once, more than once, or not at all.

15) A 56 year old woman whose periods stopped five years ago has become increasingly depressed. She now feels life is no longer worth living and threatens suicide.

16) A 72 year old woman has experienced frequency of micturition intermittently for the last few months. Mid-stream urine (MSU) cultures have been persistently negative. She is well otherwise, but would like the symptoms resolved.

17) A married 52 year old woman who has a family history of breast cancer has been experiencing mild discomfort for a few hours following intercourse for the last month. She is worried about using hormones.

18) A 45 year old woman who has had a total abdominal hysterectomy (TAH) and bilateral salpingo-oophorectomy (BSO) for fibroids and menorrhagia complains of hot flushes, night sweats and mood swings. She has no other medical problems.

Answers

1 H
2 F
3 C
4 K
5 A
6 G
7 J
8 B
9 D
10 E
11 K
12 I
13 E

14 H

15 H

16 K

17 J

18 F

List of eponyms

These eponyms may appear in the Examination. The list is for illustrative purposes only, it is not exhaustive. Other eponyms might appear in the Examination.

- Alzheimer's dementia
- Barrett's oesophagus
- Behçet's disease
- Boerhaave's syndrome
- Bornholm disease
- Bowen's disease
- Budd-Chiari syndrome
- Charcot-Marie-Tooth disease
- Colles' fracture
- Conn's syndrome

- Creutzfeldt-Jakob disease
- Crohn's disease
- Cushing's syndrome
- Down's syndrome
- Duchenne muscular dystrophy
- Epstein-Barr virus
- Fallopian tube
- Fallot's tetralogy
- Fuch's corneal dystrophy
- Gilbert's syndrome
- Goodpasture's syndrome
- Guillain-Barré syndrome
- Hartmann's solution
- Hashimoto's disease
- Henoch-Schönlein syndrome
- Hirschsprung's disease
- Huntington's chorea
- Kaposi's sarcoma
- Kawasaki disease
- Kleihauer test
- Lesch-Nyhan syndrome
- Mallory-Weiss tear

- Meckel's diverticulum
- Ménière's disease
- Munchausen's syndrome
- Paget's disease
- Parkinson's disease
- Perthes disease
- Pick's disease
- Prinzmetal's angina
- Reidel's thyroiditis
- Reiter's syndrome
- Sengstaken-Blakemore tube
- Sjögren's syndrome
- Stokes-Adams attacks
- Swan-Ganz catheter
- Tay-Sachs disease
- Tietze's syndrome
- Turner syndrome
- von Willebrand's disease
- Wenckebach phenomenon
- Wernicke's encephalopathy
- Ziehl-Neelsen stain

PLAB Test Part 2

Part 2 of the PLAB test is also known as the Objective Structured Clinical Examination. Its short form is OSCE.

The aim of the OSCE is to test your clinical and communication skills. It is designed so that an examiner can observe you putting these skills into practice.

Expected Standard

A pass in the Part 2 PLAB test will demonstrate that the successful candidate has the ability to practise safely as a senior house officer (SHO) in a first appointment in a United Kingdom hospital. This is the standard laid down by the General Medical Council for granting limited registration.

Scope of OSCE

The emphasis of the OSCE is on clinical management and includes science as applied to clinical problems.

The OSCE is confined to core knowledge, skills and attitudes relating to conditions commonly seen by SHOs, to the generic management of life-threatening situations, and to rarer, but important, problems.

Eligibility for OSCE

There are three important thing to know.

- You may apply for the Part 2 of PLAB test once you have passed Part 1 of PLAB test.
- You must pass the OSCE within two years of the date you passed Part 1 of PLAB test.
- You can not have more than four attempts at the OSCE.

Validity Period

Though you must pass the OSCE within two years of passing Part 1 of PLAB test, there is no limit on the time within which you must apply for registration after you have passed the OSCE. But, in real life, your immediate step after passing OSCE will be to apply for Registration.

Here there is an important clue.

You registration and visa are valid only for a certain number of years. So, some of you may want to delay your Registration Process for personal reasons.

Attempts at OSCE

You may have four attempts at the OSCE, which must be within two years of your Part 1 of PLAB test pass. If you do not pass at your fourth attempt, you must re-take IELTS and Part 1 of PLAB test. There are no exceptions to this rule.

Pass Rate

There is no set pass rate. A few candidates believe that some centres have better pass rate than other centres. Such views are not true.

OSCE Test Centres

You can only take the OSCE in the United Kingdom. Centres are in

- Edinburgh
- Leeds
- Liverpool
- London

Once your form has been processed, you will be sent a letter offering you a place in the OSCE and a map showing you where the centre is located.

You may or may not get a centre of your choice. If there are no places available, you will receive communication about other OSCE dates.

OSCE Dates

The OSCE is run about 10 times a year, approximately every six weeks.

The closing date for each OSCE is just over two weeks before the OSCE takes place.

This does not mean that if you apply before closing date you will get a place.

Arrival at Centre

In the letter offering you a place you will be given a time for arrival at the centre. You will be tested in the morning or in the afternoon.

Some candidates will be asked to arrive at the centre in the morning but will not be tested until the afternoon. This is to ensure that no candidate feels disadvantaged because he or she thinks that candidates taking the OSCE in the afternoon have prior knowledge of the stations.

If you are being tested in the afternoon, the letter offering you a place will clearly state this fact. As a consolation, you will get a sandwich lunch.

You may wish to bring some reading material to occupy you while you wait and or your own lunch.

You must be present at the OSCE centre by the time stated. If you are late you may be prevented from taking the OSCE until a later date.

Duration of the OSCE

The OSCE will last one hour and thirty six minutes. In practice, it may take upto 2 hours.

If you are taking the OSCE in the afternoon, you have to be in the centre for more than 3 hours.

Proof of identity

You must take proof of your identity to the OSCE together with the letter from the General Medical Council offering you a place in the OSCE. These will be checked at the OSCE.

The identification document must bear your photograph. Otherwise it will not be accepted. The following are acceptable forms of identification.

- Your passport
- Your United Kingdom Immigration and Nationality Department identification document
- Your Home Office travel document
- Your United Kingdom driving licence

No other identification document will be accepted.

For most Overseas Doctors Passport will be the main identification document.

During OSCE

You will be provided with all the materials you need during the OSCE. You may not use or refer to any other materials.

At the time of taking examination, Candidates have many pressures like visa and financial problems.

So, some of them may try prohibited methods to improve their performance. This will result in serious consequences, which may affect their future career. Always avoid such temptations.

The prohibited and unacceptable practices are:

- Copying, stealing, appropriation or use of the work of another.
- Permitting or assisting another to copy or use one's own work.
- Taking into the OSCE any materials or aids.
- Using, attempting to use, assisting another to use or attempting to assist another to use any other unfair, improper or dishonest method to gain advantage in any part of the OSCE process.

- Conduct in an OSCE centre which is causing disturbance to other candidates or affecting the proper running of the OSCE.
- Communicating or attempting to communicate with any other candidate during the course of an OSCE.
- Removal from the OSCE centre any papers, answer sheets or other OSCE materials.
- Writing in or attaching to any papers, or giving orally, any message or appeal to an examiner.
- The theft or concealment of any material which is the property of the General Medical Council or the OSCE

Scoring

The OSCE will be marked in the United Kingdom by computer.

You will be given your grade for each station. However, the overall result of the OSCE will be one of the following:

- Pass
- Fail

This overall result will be your PLAB test result.

General Medical Council will send out your results by post two weeks after the date of the OSCE. Results may not be collected from the General Medical Council's offices in person, phone or fax.

Pass in OSCE

If you pass, you will be eligible to apply for limited registration. You will be sent forms for and details about applying for limited registration.

Before you are granted limited registration,

- Your primary qualification must be checked
- You must also have been selected for appropriate employment
- You must satisfy the General Medical Council that you are of good character

Fail in OSCE

If you fail the OSCE you will be sent forms enabling you to re-apply, unless you have failed at your fourth attempt.

If you fail at your fourth attempt, you will be required to retake the IELTS test and the whole of Part 1 and Part 2 of the PLAB test.

In other words, you must start the entire process from zero.

Feedback on Performance

Your results will include the grades you obtained in each station. General Medical Council will not give you a detailed breakdown of your performance in each station.

Appeals Against Result

You may not appeal against the mark you receive for the OSCE. The examiners' decision is final.

Candidates wishing to verify any mark or marks, by means of a clerical check, shall apply to the Head of the PLAB Test Section.

Format of the OSCE

The OSCE takes the form of 14 clinical scenarios or 'stations' as well as two rest stations, or one rest station and a pilot station.

So, there will be a total of 16 stations.

When you enter the Examination room, you will find a series of 14 booths, known as 'stations'.

Each station requires you to undertake a particular task.

Some tasks will involve talking to or examining patients, some will involve demonstrating a procedure on an anatomical model.

You will be required to perform all tasks.

Each station lasts five minutes.

You will be told the number of the station at which you should begin when you enter the Examination room. That will be your first station booth.

Once inside the OSCE room, stand outside your first station booth.

You will find an instruction sheet at the entrance of the booth. That is, your instructions will be posted outside the station. You have one minute to read the instructions.

Do not enter the booth until the bell rings for the start of the station.

You have one minute before entering the station to read the instructions, which tell you to, for example, examine a patient, take a history and give a diagnosis or carry out a practical procedure.

The instructions also give basic information about the patient, such as his or her name, age and major symptoms.

You should read these instructions carefully to ensure that you follow them exactly. An example might be: 'Mr. McKenzie has been referred to you in a rheumatology clinic because he has joint pains. Please take a short history to establish supportive evidence for a differential diagnosis.'

At the end of 60 seconds, a bell will ring. Then, you may enter the station.

Inside the booth there will be an examiner. In some stations there may, in addition, be an observer and/or a simulated patient.

There will also be an additional set of candidate instructions inside the station for you to refer to, if you wish to do so.

When you enter the booth, the examiner will greet you and check your name and candidate number as shown on your badge, which will be provided to you at the candidate briefing.

The examiner will also check that you understand the candidate instructions. Once you have started the station, do not speak to the examiner unless the candidate instructions for that station require you to do so.

The patient is played by an actor, who has been provided with a detailed script beforehand.

The examiner has a checklist of points to consider when marking and a marksheet, pre-printed for each individual candidate.

The examiner is supposed to observe you and not intervene, except in very limited circumstances. you will not be required to have a conversation with the examiner; you should only direct your remarks to him or her if the instructions specifically ask you to do so.

Where there is a manikin at the station, address any comments or explanations to the examiner, not to the manikin.

Where there is a simulated patient, the candidate instructions for that station will tell you whether you should address the examiner or the patient.

Carry out the tasks required by the instructions.

The tasks at some stations, in particular those tasks requiring practical skills, may take less than five minutes to complete.

A bell will ring after four and a half minutes to warn you that there are only 30 seconds remaining.

If you do finish early, remain in the booth until the five-minute bell rings. You must wait inside the station but you should not speak to the examiner or to the patient during this time.

When the five-minute bell rings, leave the station. At this point, you must stop immediately and go and wait outside the next station.

Now proceed to the next station. Move in the direction indicated. Staff will be available to assist.

The stations are numbered clearly from 1-16.

There will be one minute between stations.

At the next station, read the candidate instructions and wait outside the booth until the bell rings to signal the start of that station.

You will wait outside the next station for one minute. During this time you should read the instructions for the task in this station. After one minute a bell will ring.

You should then enter the station and undertake the task as instructed.

You should continue in this way until you have completed all 14 stations. You will then have finished the OSCE.

Your first station may be a rest station, in which case there will no one present in the booth. Rest stations will be clearly labelled.

Stations are chosen from a blueprint of medical areas (e.g. cardio-vascular, neurological, surgical) and skill areas (e.g. history taking, practical, examination), with a view to sampling across the range of medical and skill areas.

Candidates must familiarise themselves with the range of equipment routinely available in teaching hospitals.

Each station has a number of sections or objectives (e.g. Communication, Past History, Diagnosis) which you do not see but which are set out on the examiner's marksheet.

The examiner has to award a grade A-E for each objective.

Each objective is weighted, with the total weightings for each station adding up to 100%. An overall grade is calculated for each station. You must obtain a 'C' grade or above in 10 or more stations to pass the exam. Candidates who fail are given a breakdown of their grades for each station.

Though the OSCE shall consist of 14 five-minute stations, a candidate may be required to complete one or two pilot stations but the results from the pilot stations shall not count towards the overall result.

The OSCE shall be held under invigilated conditions and candidates shall not be permitted to take into the OSCE, or refer to, any books, notes, materials or other aids.

Each station consists of a number of objectives. The examiners shall award grades for the objectives of each station as follows:

- A = excellent
- B = good
- C = adequate
- D = fail
- E = severe fail.

For purposes of calculation, the grades will be converted to marks:

- A = 5
- B = 4
- C = 3
- D = 2
- E = 1

Each objective is worth a certain percentage of the total mark for the station. The examiner does not know this percentage.

The overall grade for the station is calculated by multiplying the mark given for each objective by the percentage allocated, and adding up the results. The results are then converted to grades.

To pass the OSCE, a candidate must obtain a minimum of grade C or above for 10 stations.

A candidate cannot pass if he or she obtains grade E for more than one station.

OSCE Syllabus

The main skills tested in the OSCE are

- Communication
- History taking
- Clinical examination

- Practical skills
- Emergency management

Clinical examination

(a) You will be assessed on your ability to conduct a physical examination of a standardised patient.

A standardised patient is an actor who has been trained to display signs as and when required by the station. In a limited number of stations, a real patient may be used. In certain circumstances, the examination will be carried out on a manikin or model.

(b) You are expected to be competent to carry out any basic physical examination. Examples are examination of the chest, heart, breast, hand, hip, knee and shoulder.

You must be able to perform a rectal or bimanual vaginal examination. You must also be able to use the appropriate equipment in carrying out an examination of, for example, the ear or the eye.

(c) The candidate's ability to maintain effective records may be tested through the writing-up of findings from a physical examination.

The marking will focus on completeness (date, time, name of author), legibility and clarity.

(d) Examination of the mental state is treated as a form of clinical examination for the purpose of this test.

(e) You will also be marked on your ability to treat a patient you are examining with respect for their privacy and dignity and attention to their comfort.

You will need to take this into account, while bearing in mind that you have only five minutes for each station.

Practical skills

You will be assessed on your ability to perform common practical procedures. According to the nature of the procedure, you may be asked to deal with a patient or a manikin or model.

The practical skills may include:

- Taking blood pressure
- Venepuncture
- Inserting a cannula into a peripheral vein
- Giving intravenous injections
- Mixing and injecting drugs into an intravenous bag
- Giving intramuscular and subcutaneous injections
- Suturing

- Interpreting an ECG, X-rays or results of other investigations
- Basic respiratory function tests
- Bladder catheterisation
- Taking a cervical smear
- Safe disposal of sharps

Communication skills

Communication skills are tested through the observation of interaction between the candidate and another person, usually a simulated patient or the examiner. You are expected to know the major legal and ethical principles set out in Duties of a Doctor.

Examples of the communication skills which may be tested are:

- Explaining diagnosis, investigation and treatment
- Involving the patient in the decision-making
- Checking understanding
- Communicating with relatives
- Communicating with health care professionals
- Breaking bad news
- Seeking informed consent for an invasive procedure or a post-mortem
- Dealing with anxious or angry patients or relatives

- Giving instructions on discharge
- Giving advice on lifestyle, health promotion or risk factors

History taking

You should be competent in taking a history from any of the patients and reaching an appropriate diagnosis, if required.

The following are examples of symptoms of presenting patients.

- Diarrhoea
- Wheeze
- Vaginal bleeding
- Palpitations
- Abdominal pain
- Headache
- Anxiety
- Weight loss
- Joint pain
- Ear pain
- Difficulty in swallowing
- Episodes of loss of consciousness

Emergency management

Examples of emergency management situations include:

- Dealing with post-operative collapse
- Acute chest pain
- Trauma assessment (initial and secondary)
- Administer oxygen therapy safely
- Basic adult and paediatric cardio-pulmonary resuscitation

Sample OSCE Station

Here is a sample OSCE station published by the General Medical Council, which contains:

- Examiner checklist, to assist in marking the station
- Candidate instructions
- Simulated patient instructions

Station Title: Joint Pains

Construct

The candidate demonstrates the ability to take a history and reach a diagnosis in an effective way in a case of joint pain.

NB: To Examiner

At the 30 second bell, ask the candidate for a diagnosis.

Objectives

(1) Communication
- Establishes rapport.
- Listens attentively.
- Uses appropriate questioning strategies.

(2) Presenting complaint
- Elicits a history of acute mono-arthritis
- Checks is recurrent
- Checks is of sudden onset
- Checks is responsive to Indomethacin

(3) Other history
- Takes a good social history.
- Checks sexual history (absence of STD).
- Checks alcohol consumption.
- Checks eating habits.
- Excludes symptoms of other joint diseases.

(4) Diagnosis
- Suggests a diagnosis of gout.

Joint pains - instructions to candidates

- This station tests your ability to take a history and reach a diagnosis.
- Mr. McKenzie has been referred to you in the Rheumatology Clinic because he has had pain in the right big toe joint.
- Take a relevant history and suggest a likely diagnosis to the examiner.

This station will last five minutes

You may wonder how an actor can correctly respond to your questions. Each actor is provided with a detailed instruction sheet and the actor will respond according to the instructions. You will not have access to this sheet at the time of the examination.

Joint pains - instructions to simulated patient

You are Mr. McKenzie, a married man in your mid-30s. For the last 6 months some of your joints have been painful. Your family doctor (GP) has sent you to see a rheumatologist. The first time you had trouble was when you returned from hospital after having your inguinal (in the groin) hernia repaired. That was around 48 hours after the operation. Your right big toe became excruciatingly painful and swollen.

It was so bad you could not put any weight on it for 2 days. Your family doctor (GP) gave you some INDOCID (anti-inflammatory) tablets and these helped.

You remember that skin around the foot was bright red for 3 or 4 days. Gradually the symptoms subsided and after about a week you were able to hobble back to your job as a sub-editor.

The foot got a lot better for some weeks. However, about 3 months ago the same thing happened suddenly to your left knee - intense pain and swelling, though no skin colour change this time. The pain subsided again with the help of INDOCID after a couple of weeks; however, it has remained slightly swollen and a bit stiff since. The foot has also started playing up as well, though is not swollen like it was before. The stiffness in the two joints appears to be worse first thing in the morning, but eases off by the time you get to work. Over this six month period you've been well in yourself and have not suffered any infections.

You are married with 2 young children. You have had no extra-marital sexual intercourse. You work erratic hours, often night shifts and socialise heavily with your colleagues. On an average night you might drink 3-4 pints or a couple of 'shorts'.

Average nights tend to happen every weekday night! At weekends, if you and your wife entertain you have 1-2 bottles of wine. You are otherwise well, outgoing and don't take any medications.

PLAB Resources

Books

PLAB 1000 Extended Matching Questions
Una F. Coales (Editor)
Price: £17.50
ISBN: 1853154725
Published By: Royal Society of Medicine Press Ltd
Website: http://www.amazon.co.uk/
Pages: 248
Remarks: It contains 1000 extended matching questions and covers all medical areas in the PLAB test syllabus published by the General Medical Council

PLAB Part 1 EMQ Pocket Book 1
Jonathan Treml
Price: £7.95
ISBN: 1901198561
Published By: Pastest
Website: http://www.amazon.co.uk/
Website: http://www.pastest.co.uk/

Pages: 112
Remarks: This pocket book is designed for Professional Linguistic Assessment Board (PLAB) Part 1 EMQ candidates. It is similar in format, featuring one examination containing 200 EMQ items. There are detailed answers, teaching notes, and a revision index.

EMQ's for the PLAB

S. Hlemy, Mokbel
Price: £14.95
ISBN: 1900603721
Published By: Petroc Press
Website: http://www.amazon.co.uk/
Pages: 160
Remarks: Though this book contains useful material for PLAB, the book was published in 1999. Buy only the latest edition.

PLAB Part 1 EMQ Pocket Book 2

Peter Kroker MRCP (Editor)
Price: £7.95
ISBN: 1901198626
Published By: Pastest
Website: http://www.amazon.co.uk/

Website: http://www.pastest.co.uk/
Pages: 112
Remarks: Following "Pocket Book 1", this second pocket book is also designed for Professional Linguistic Assessment Board (PLAB) Part 1 EMQ candidates. It is similar in format, featuring one examination containing 200 EMQ items. There are detailed answers, teaching notes, and a revision index.

Handbook of PLAB
Blackwell Science (UK)
Price: £9.50
ISBN: 8171798047
Published By: Blackwell Science (UK)
Website: http://www.amazon.co.uk/
Remarks: The book contains about 3500 extended matching questions (EMQs) covering all the major topics, This handbook attempts to provide its readers with an accessible guide to the topics rendered important from the point of view of the PLAB examination.

EMQ BOOK 1
MedicByte

Price: £30.00
Website: http://www.medicbyte.com/
Remarks: This book introduces the reader to the PLAB EMQ approach and provides details of essential EMQ technique.

EMQ BOOK 2
MedicByte
Price: £25.00
Website: http://www.medicbyte.com/
Remarks: Important concepts for doctors wishing to take the PLAB 2 examination are presented and a number of important EMQ's are designed to take the reader to the standard required for the EMQ's found in the PLAB.

EMQ BOOK 3
MedicByte
Price: £30.00
Website: http://www.medicbyte.com/
Remarks: This book consolidates the readers knowledge for the PLAB 2 examination.

Clinical Methods and Techniques for the PLAB 2 OSCE
MedicByte

Price: £28.00
Website: http://www.medicbyte.com/
Remarks: This book is designed for doctors who are preparing for the PLAB 2 Clinical Examination and includes details of techniques for history taking and examination.

BPP English for PLAB
Sam McCarter
Price: £15.00
ISBN: 0952601206
Published By: BPP Medical Education
Website: http://www.amazon.co.uk/

English for the PLAB Test
Joy Parkinson
Our Price: £15.95
ISBN: 0906896525
Published By: PasTest
Website: http://www.amazon.co.uk/
Website: http://www.pastest.co.uk/
Remarks: The book and tape together should provide valuable revision material. The pack provides comprehension of spoken

English with 65 questions on cassette tape, correct answers and teaching notes. There are written English examination questions with sample essays and letters and also an oral examination section with hints on exam technique. In addition, useful colloquial expressions and a recommended booklist are provided.

Manual of English for the Overseas Doctor

Joy Parkinson
Price: £19.95
ISBN: 044306136X
Published By: Churchill Livingstone
Website: http://www.amazon.co.uk/
Pages: 296
Remarks: Very practical book for overseas doctors. It addresses a difficulty that affects all from overseas working in the UK.

PlabDigest

Dr.Atish Pratap Mathur
Price: US$16
Published By: Paras medical publisher
5-1-473 Jambagh Road Pultibowli P.O 544
Hyderabad - 500095

Tel: (040) 4742239
Fax: (040) 4731903
Remarks: The book contains 3000 EMQs and many of them were asked in the previous Plab tests. You must send the payment directly to the publisher as they do not have web presence.

Websites

MCQs.com

MCQS.com provides online and offline exam simulators, courses and revision material for post-graduate medical examinations including PLAB tests and USMLE.

Quality Content procured by MCQS.com is stored into an online database and offered to students for a nominal fees.

Students enrolling for the online courses can access the material in the databases through specific queries in a form that simulates an actual 'exam' situation.

Questions are graded and marked and full explanations are given to both correct and incorrect answers.

Each individual students is assigned an individual tracking system that documents individual progress throughout the course. This same tracking system determines content subsequently presented to each individual student.

The course may be accessed through any recent browser. Specific material may be downloaded and practiced 'offline'. Multimedia tutorials require free Real Audio software and a sound card.

Chat facility is used for immediate interaction between tutors and students in 'chat' simulated class-room applications. There are forums for both the Part 1 and Part 2 sections of the PLAB test.

The current online PLAB course includes all components of the current EMQ exam including diagnosis, investigation. treatment, basic sciences and Public Health. The format reflects the new style of questions of extended multiple choice questions. It also contains tutorials and information on the OSCE section of the PLAB 2 exam.

The one time registration fees is US$35. Registration is permanent. After you pass the test, you can even transfer your rights.

To access this password protected website you need:

- A Computer with Internet connection
- Internet Explorer or Netscape

MCQs.com
Website: http://www.mcqs.com/

OnExamination.com

This site has been designed for doctors who are preparing for the General Medical Council's PLAB test. This website and www.mrcppart1.co.uk are owned by Medelect Limited.

You can access hundreds of typical EMQs. The site also monitors your progress as you go through the questions.

The interactive marking system gives an indication about the areas where you are weak.

The site has a collection of PLAB lectures notes OSCE stations.

Registration is free.

OnExamination.com
Website: http://www.OnExamination.com/

Medical Library

This site has many downloadable manuals and a lot of useful information. You will find useful materials for PLAB preparation, though they are not

specifically meant for PLAB test. It is a paid service and costs US$9.95 per year.

Medical Library
Website: http://www.medical-library.org/

PLABPass

This site hosts a few EMQ themes.

PLABPass
Website: http://www.plabpass.i-p.com/

Mailing List

OnExamination

There is a mailing list for PLAB candidates. You can now contact others revising for the PLAB test by using the list.

To subscribe send an email message to maiser@onexamination.com with the following text in the body of the email

SUBSCRIBE PLAB *Your Name*

When you have subscribed you ask questions and share ideas by emailing PLAB@onexamination.com.

Forums

OnExamination

This site hosts a discussion forum that contains PLAB section. At times, you get free EMQs and EMQs from recent examination posted by other candidates. The forum is active and chances are bright for you to get replies quickly.

OnExamination Discussion Forum
Website: http://www.onexamination.com/

Yahoo PLAB Centre

This discussion list hosted in Yahoo has a small number of visitors.

PLAB Centre
Website: http://clubs.yahoo.com/clubs/plabcentre/

MCQS.com Forum

The discussion board contains sections for PLAB and other popular medical exams. Discussion site is active and chances are good that you will get reply quickly.

MCQS.com Forum
Website: http://www.mcqs.com/board/index.htm

Courses

Fischtest

Fischtest runs courses for IELTS, PLAB Part 1 and PLAB Part 2.

IELTS course costs £50.

Part 1 course costs £80.

Part 2 course costs £80.

Courses are conducted in London, United Kingdom.

Fischtest

Physical Address
Fischtest Ltd

7 Miller House
Westgreen Road
London N15 3DR
Tel: +44 (0)78 7635 2414

Email Address
fischtest@yahoo.co.uk

Website
Website: http://www.Fischtest.co.uk/

Mock Tests are conducted by email for £20.

Fischtest can prepare your customised Curriculum Vitae for £35.

PasTest

PasTest run a 5-day course, which covers all aspects of the PLAB Part 1 exam. Teaching sessions are based around Extended Matching Questions (EMQs) and cover all exam topics. Course material includes EMQs with answers and teaching notes, an EMQ examination, tips on examination technique and detailed lecture notes for each subject. Courses are held in central London in April, June, August and October.

PasTest also produces revision books for the PLAB Part 1 exam, including a new range of Pocket Books with Extended Matching Questions, answers and teaching notes.

The course costs £650.

Contact Address
PasTest,
FREEPOST,
Knutsford,
WA16 7BR
Tel: 01565 752000
Fax: 01565 650264

Email Address
info@pastest.co.uk

Website
Website: http://www.pastest.co.uk/

Vishwa Medical Training

7 days stay and study, 12 hours a day, intensive course for Part 1 in India, conducted regularly for a maximum of 18 doctors at a time.

Contact address
WIMAT, Cardiff Medicentre
Heath Park,
Cardiff CF4 4UJ
United Kingdom
Tel: 01222 303018
Fax: 01222 682 132

BP Medical Education

The courses are run every two months. Past questions are extensively covered and candidates perform a mock exam at home before attending the course.

Contact Address
BP Medical Education
30-32 Lismore Road
South Croydon
Surrey - CR2 7QA
United Kingdom
Telephone: 0181 477 5747
Fax: 0181 688 3170

The PLAB Course

You may join the course at any time, on every other Monday throughout the year. They offer a one week course for Part 2 (£195), two courses for Part 1; a short course which is two weeks long costing £395 and a longer course which is four weeks long, costing £695. (This appears to be out of date information.)

Contact Address
Alan William Madsen MA
The PLAB Course
7 Arundel Place
London N1 1LS
United Kingdom
Tel: 0171 607 3165

The PLAB Master

Courses are held every month, and once registered, you can attend free for a second time if needed. Unique "Pay only if you pass" offer allows you to register for only £50 and the remaining £185 only when you pass. They hold courses in the United Kingdom. (This appears to be out of date information.)

Contact Address
YB Education Systems Ltd
182 Altmore Avenue
London E6 2AE
United Kingdom
Tel/Fax: 0181 471 2924

Others

PlabFlash

This site provides some PLAB revision material in the form of Flash Cards. It is free to download.

PlabFlash
Website: http://sharief1440.tripod.com/material.html

Duties of Doctor

The duties of a doctor registered with the General Medical Council are set out in this section. When you take up PLAB test, you will find this information useful.

Patients must be able to trust doctors with their lives and well-being. To justify that trust, doctors have a duty to maintain a good standard of practice and care and to show respect for human life.

In particular as a doctor you must:

- make the care of your patient your first concern;
- treat every patient politely and considerately;
- respect patients' dignity and privacy;
- listen to patients and respect their views;
- give patients information in a way they can understand;
- respect the rights of patients to be fully involved in decisions about their care;
- keep your professional knowledge and skills up to date;
- recognise the limits of your professional competence;
- be honest and trustworthy;
- respect and protect confidential information;

- make sure that your personal beliefs do not prejudice your patients' care;
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise;
- avoid abusing your position as a doctor; and
- work with colleagues in the ways that best serve patients' interests.

In all these matters doctors must never discriminate unfairly against their patients or colleagues. And a doctor must always be prepared to justify his or her actions to them.

ODTS

The Overseas Doctors Training Scheme (ODTS) is a formalised double-sponsorship scheme initiated jointly by the Department of Health and the Royal Colleges and administered by the relevant Royal College.

The Scheme grants acceptable candidates exemption from the Professional and Linguistic Assessment Board (PLAB) examination. ODTS is a sponsorship scheme for well-qualified doctors from overseas who have a good command of English.

The doctor is recommended, and is vouched for, by senior medical practitioners from their own country who know the doctor and his/her work.

Having guaranteed the candidate's quality, the home sponsors recommend the doctor to the United Kingdom sponsor (a Royal College) who then sets up an appropriate supervised training programme.

If a candidate is accepted, the Royal College will apply for General Medical Council registration on their behalf and they will be exempt from taking the PLAB test.

It is the home sponsors who make the application to the Royal College, not the candidate.

The ODTS scheme is currently offered by most Royal Colleges but most colleges have long waiting lists.

EEA doctors are not eligible to take part in the Overseas Doctors Training Scheme (ODTS) run by some of the Royal Colleges

At present, most Royal Colleges offer sponsorship schemes (in certain specialities) whose aim is to enable overseas doctors (non- EEA) to continue or complete their specialist training in the United Kingdom.

The aim of the scheme is to ensure that the training is of a high standard in order to prepare the overseas doctor for a specialist career in medicine in his/her own country.

These doctors must be of high calibre and be recommended by a senior medical body in their own country.

Many more applications are received than there are training posts available. Most ODTS places are in great demand and have long waiting lists.

The scheme provides very able overseas doctors with postgraduate training posts to enable them to continue or complete their specialist training in the United Kingdom before returning home.

Overseas Doctors are expected to leave the United Kingdom on completion of their specialist training.

Applications direct from candidates will not be accepted by the Royal Colleges; only appropriate sponsors may apply on their behalf.

Detailed information on a particular Overseas Doctors Training scheme is provided by the relevant College.

Eligibility

The doctors must satisfy the following requirements.

- Doctors must score a minimum of 7 in each of the four bands of the IELTS test. This includes doctors from English speaking countries; USA, Australia, New Zealand, Canada, South Africa, West Indies.
- Doctors must have a primary medical qualification acceptable to the General Medical Council for Limited Registration
- Doctors must have one year's post-qualification experience (normally referred to as 'internship').
- Doctors must have at least two years experience in the relevant speciality in which they wish to practice. Some Royal Colleges will require an acceptable postgraduate qualification and/or Part 1 of the relevant Royal College examination.

Candidates who do not meet the above requirements, would not be eligible for the ODTS.

The following are also excluded from applying the ODTS.

- applicants who have previously failed the PLAB test
- applicants who do not hold Part 1 of the relevant Royal College examination (clarify requirements with appropriate Royal College)
- applicants qualified in and/or nationals of an EEA country, or those with enforceable EC rights
- applicants already working or who are resident in the United Kingdom, or another member state of the EU.

We have given a summary of schemes in different colleges. Please contact the relevant institution for further information.

Royal College of Anaesthetists

ODTS Double-sponsorship Scheme: The initial approach must be made by a Senior Medical Practitioner from the United Kingdom. All appointments must be to substantive, approved training posts. Applications will also be considered from individual doctors whose medical background meets the criteria of the Royal College. They would be required to apply for advertised, approved training posts, in open competition.

Royal College of Obstetricians and Gynaecologists

Both the Overseas Doctors Training Scheme and the Double Ended Sponsorship Scheme were abolished in February 2000. A new scheme is under development. Until such time when the requirements for the new scheme are approved by the Department of Health, the College will not be able to sponsor new doctors for exemption from the General Medical Council's PLAB test. In the meantime, if doctors wish to apply for the proposed new sponsorship scheme, they can contact the College and details will be sent to them as soon as they become available.

Royal College of Ophthalmologists

Dual Sponsorship Scheme is in operation. All posts must be approved for training by the College and Postgraduate Dean. Honorary SHO posts will no longer be accepted. For further information contact the Royal College.

Royal College of Paediatrics and Child Health

There are two schemes:

- Double Sponsorship scheme
- International Paediatric Training Scheme

Double Sponsorship scheme: overseas sponsor and United Kingdom sponsor. The college will sponsor doctors for supernumerary posts that have been approved by the Post-graduate Dean and for approved substantive training posts.

International Paediatric Training Scheme: Contact the Royal College for advice as the details are being finalised.

Royal College of Physicians of Edinburgh

The college has temporarily suspended the Overseas Doctors Training Double Sponsorship Scheme. You must contact the Royal College for updated information.

Royal College of Physicians and Surgeons of Glasgow

The Overseas Double Sponsorship Scheme is the only scheme operated at present. The initial approach to the College should be made by the United Kingdom sponsor and an overseas sponsor is also required. The United Kingdom training post must be a salaried substantive NHS training post carrying both educational approval and approval by the Post-graduate Dean.

The College is not able to arrange training posts for sponsored doctors at present and, therefore, appointments must be arranged in the United Kingdom before application for double sponsorship is submitted.

Royal College of Physicians of London

The Royal College of Physicians Overseas Doctors Training Scheme is closed. The College is awaiting the result of the current review of overseas doctors training being carried out by the Department of Health, before making a final decision on the development of any revised scheme. The College will consider applications for sponsorship for PLAB exemption from physicians who have been awarded an official scholarship or bursary for clinical training in the United Kingdom.

Royal College of Psychiatrists

ODTS is closed indefinitely.

Consultant Assisted Sponsorship Scheme: Doctors applying for this scheme must have a United Kingdom sponsor who should be a consultant in the NHS and a Member of the Royal College of Psychiatrists. The initial application should be made by the United Kingdom sponsor and not by the Trainee. The United Kingdom sponsor must be able to offer you a training post within their own training scheme, which should be fully

approved by the College. Your United Kingdom sponsor is also required to provide written confirmation that they know your overseas sponsor personally.

Royal College of Radiologists

The Royal College of Radiologists does not operate a formal ODTS. In exceptional circumstances, upon application from the head of a United Kingdom training scheme that wishes to offer an overseas doctor a training opportunity, it will consider whether it may be of assistance in applying for General Medical Council Limited Registration without the need to sit the PLAB examination. However, due to the current legislation, the opportunities for this are very limited.

Royal College of Surgeons of Edinburgh

The ODTS double-sponsorship scheme is the only scheme operated at present. It is the responsibility of the overseas sponsor to set up a post for the applicant in the United Kingdom, in partnership with a United Kingdom consultant. The first contact with the Royal College must be made by the United Kingdom consultant who is offering the post.

Royal College of Surgeons of England

Applicants must be nominated by an approved sponsoring body in their home country. The Royal College of Surgeons of England will act as the United Kingdom sponsoring body. The College is not able to arrange training posts for sponsored doctors at present. Trainees must have an appointment arranged in the United Kingdom before applying to the College for Double Sponsorship. The College only sponsors trainees for FTTA programmes in higher surgical training posts.

Contact Addresses

Royal College of Anaesthetists
ODTS Section
48-49 Russell Square
London WC1B 4JY
Telephone: 020 7813 1900
Fax: 020 7813 1876

Royal College of Physicians of Edinburgh
International Medicine
9 Queen Street
Edinburgh EH2 1JQ

Telephone: 0131 225 7324
Fax: 0131 220 3939

Royal College of Physicians of London
International Office
11 St Andrews Place
Regents Park
London NW1 4LE
Telephone: 020 7935 1174
Fax: 020 7486 4034

Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street
Glasgow G2 5RJ
Telephone: 0141 221 6072
Fax: 0141 221 1804

Royal College of Surgeons of Edinburgh
18 Nicolson Street
Edinburgh EH8 9DW
Telephone: 0131 527 1600
Fax: 0131 557 6406

Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PN
Telephone: 020 7869 6231
Fax: 020 7869 6232

Royal College of Obstetricians and Gynaecologists
27 Sussex Place
London NW1 4RG
Telephone: 020 7772 6285
Fax: 020 7772 6355

Royal College of Ophthalmologists
17 Cornwell Terrace
London NW1 4QW
Telephone: 020 7935 0702
Fax: 020 7935 9838

Royal College of Paediatrics & Child Health
50 Hallam Street
London W1N 6DE
Telephone: 020 7307 5600
Fax: 020 7307 5601

Royal College of Psychiatrists
17 Belgrave Square
London SW1X 8PG
Telephone: 020 7235 2351
Fax: 020 7245 1231

Royal College of Radiologists
38 Portland Place
London W1N 4JQ
Telephone: 020 7636 4432
Fax: 020 7323 3100

Alternative Qualifications

Apart from the degrees of Bachelor of Medicine and Bachelor of Surgery (For Example, M.B.,B.S.,) which are awarded by United Kingdom universities, there are other primary medical qualifications awarded in the United Kingdom which entitle the holder to provisional registration with the General Medical Council. These are called Alternative Primary Medical Qualification.

Doctors holding these qualifications, would then be eligible for full registration. In some cases, doctors with Limited Registration would also be eligible to convert Limited Registration into Full Registration.

Qualifications granted

The primary qualifications described below may be granted on passing the examination either in England or Scotland.

The following three qualifications are awarded conjointly by the Society of Apothecaries of London, the Royal College of Physicians of London and the Royal College of Surgeons of England.

- Licentiate in Medicine and Surgery of the Society of Apothecaries of London (LMSSA Lond.)

- Licentiate of the Royal College of Physicians of London (LRCP Lond.)
- Licentiate of the Royal College of Surgeons of England (LRCS Eng.)

The following three qualifications are awarded conjointly by the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow.

- Licentiate of the Royal College of Physicians of Edinburgh (LRCP Edin.)
- Licentiate of the Royal College of Surgeons of Edinburgh (LRCS Edin.)
- Licentiate of the Royal College of Physicians and Surgeons of Glasgow (LRCPS Glasg.)

Eligibility

Candidates from medical schools outside the European Economic Area (EEA) who fall into one of the following three categories will be admitted:

- those holding qualifications which are currently recognised by the General Medical Council for full registration
- those possessing full registration with the General Medical Council

- those holding overseas qualifications from medical schools listed in the WHO Directory of Medical Schools, which are not recognised by the General Medical Council for full registration, and who have completed an appropriate period of assessment in the medical school of a United Kingdom university granting primary degrees in medicine and surgery. (It is not necessary to have taken the PLAB test.)

In order to become eligible to apply for full registration with the General Medical Council, overseas medical graduates must complete one year's employment in NHS training posts, either before or after passing the final examination.

Only those graduates who are already registered with the General Medical Council will be able to complete under limited registration, the period of service required for full registration before passing the final examination.

Non-recognised Qualifications

Doctors whose circumstances do not fall in one of the three categories, outlined above, will not be eligible to take the examination.

In exceptional circumstances candidates who have not been able to complete their 'studies as a result of local disruption', may be admitted to the examinations after further clinical training at a United Kingdom medical school.

Medical school attachments

Before taking the examination, either in England or Scotland, it will be necessary for the overseas doctor to complete a period of assessment or clinical study in a United Kingdom medical school.

Before the candidate can be admitted to the examination the Dean of the medical school will have to certify that the period of supervised training has been completed satisfactorily.

Candidates should contact the Registrar of the United Examining Board for an application form. Details of candidates applying will then be circulated to the medical school Deans at four monthly intervals.

Candidates must not approach medical school Deans directly concerning placements.

Medical school places are in short supply and it is therefore not possible to ascertain which medical schools have places available at any one time.

Contact Information

If you are interested in these qualifications, you can contact

United Examining Board
The Registrar
Apothecaries Hall
Black Friars Lane
London EC4V 6EJ
Tel: +44 (0)20 7236 1180
Fax: +44 (0)20 7329 3177
Email: examoffice@apothecaries.org
Website: http://www.apothecaries.org/

Specialist Training

In order to become a trained specialist in the hospital service in the United Kingdom doctors must obtain qualifications and experience in addition to their primary medical qualification (first degree in medicine). This is achieved in two stages:

- basic specialist training (at Senior House Officer [SHO] grade)
- higher specialist training (at Specialist Registrar [SpR] grade)

The successful completion of training will take at least six to eight years (two years SHO and four to six years in Specialist Registrar grade).

A doctor can then apply to the Specialist Training Authority (STA) of the Medical Royal Colleges for a Certificate of Completion of Specialist Training (CCST).

When this certificate has been awarded, the doctor may then apply to the General Medical Council for inclusion in the Specialist Register after which doctors may become candidates for substantive and honorary consultant posts in the NHS.

Overseas qualified doctors wishing to continue or complete their specialist training in the United Kingdom should contact the Postgraduate Dean

of the National Health Service (NHS) Region in which they are or wish to be established.

The Dean will, in consultation with the appropriate Royal College or Faculty, establish the United Kingdom equivalence of whatever specialist training and experience they may have already acquired in their own country and will then advise on appropriate training in the United Kingdom.

Some doctors initiate their training programmes in the United Kingdom by writing to the Royal Colleges.

Once in a post in the United Kingdom, doctors may also seek advice on training and courses through their local postgraduate medical centre (i.e. from the Royal College regional adviser).

Entry to higher specialist training is very competitive.

Posts are divided into those open to EEA nationals (or those with enforceable EC rights) and those only open to Overseas (non-EEA) nationals.

The posts open to non-EEA nationals are called Visiting Specialist Registrar (VSpR).

Training to CCST level is only possible through a VSpR post.

Overseas Doctors who wish to obtain specialist experience without proceeding to the CCST may apply for Fixed Term Training Appointment (FTTA) posts.

Overseas doctors will not be able to take up any clinical posts in the United Kingdom, including training posts, unless they have obtained appropriate registration from the General Medical Council.

EEA doctors do not require work permits for any type of post.

Permit-free training

Overseas doctors (non-EEA) seeking postgraduate basic specialist/general professional training in hospitals and who intend to return home after their training, will be eligible for an initial grant of up to three years permit-free training, and extensions may be available up to an aggregated maximum of four years.

Doctors in higher specialist training will be eligible to apply for an initial grant of three years permit-free training on first entering the United Kingdom or after completing basic specialist training, with provisions for further extensions of stay each not exceeding three years. It depends on the requirements of their training programme.

The amount of time will be closely allied to the training programme enabling doctors to proceed to a 'Certificate of Completion of Specialist Training' (CCST) where this is appropriate.

If a doctor is moving to higher specialist training at the end of four years in basic training, then she/he will be eligible to apply for an extension of up to three years and further extensions as appropriate.

If she/he is moving during an existing permit-free period, then that period will continue until expiry, at which time an application could be made for an extension of up to three years and thereafter further extensions as appropriate.

All extension requests must have the support of 'the Postgraduate Dean'.

In order to qualify for permit-free training in the United Kingdom an overseas doctor must satisfy the immigration authorities upon arrival in Britain of the following - that she/he:

- intends to undergo postgraduate training in a hospital;
- is currently registered, or is eligible to apply for registration with the General Medical Council
- intends to leave the United Kingdom after completing their training.

Specialities

The following is a list of CCST Specialities:

- Accident and emergency medicine, Allergy, Anaesthetics, Audiological medicine
- Cardiology (cardio-vascular disease)
- Cardio-thoracic surgery (thoracic surgery)
- Chemical Pathology
- Child and adolescent psychiatry
- Clinical cytogenetics and molecular genetics
- Clinical genetics
- Clinical neurophysiology
- Clinical oncology (radiotherapy)
- Clinical pharmacology and therapeutics
- Clincial radiology (diagnostic radiology/ radiology)
- Dermatology
- Diagnostic radiology (radiology)
- Endocrinology and diabetes mellitus
- Forensic psychiatry
- Gastro-enterology
- General adult psychiatry (general psychiatry/mental illness)
- General internal medicine (general medicine)

- General Surgery
- Genito-urinary medicine (venereology)
- Geriatric medicine (geriatrics)
- Haematology
- Histopathology (morbid anatomy and histopathology)
- Immunology (immunopathology)
- Infectious diseases (communicable diseases)
- Intensive care medicine
- Medical microbiology and virology (medical microbiology)
- Medical oncology
- Medical ophthalmology
- Neurology
- Neurosurgery (neurological surgery)
- Nuclear medicine
- Obstetrics and gynaecology
- Occupational medicine
- Old age psychiatry
- Ophthalmology
- Oral and maxillo-facial surgery (basic medical and dental training)
- Otolaryngology (ENT surgery)
- Paediatric cardiology
- Paediatric surgery

- Paediatrics
- Palliative medicine
- Plastic surgery
- Psychiatry of learning disability
- Psychotherapy
- Public health medicine (community health medicine)
- Rehabilitation medicine
- Renal medicine (renal disease/nephrology)
- Respiratory medicine (thoracic medicine)
- Rheumatology
- Trauma and orthopaedic surgery (orthopaedic surgery)
- Tropical medicine
- Urology

There is also a Specialist Training Certificate in General practice.

Doctors should be aware that appointment to post is competitive.

Training

Training is carried out in two stages:

- Basic specialist training at Senior House Officer Grade (SHO)
- Higher Specialist Training at Specialist Registrar Grade (SpR)

Basic specialist training

This usually takes place during the two or three years after registration.

In practice the period may be longer due to shortages of suitable vacancies in certain popular specialities at the higher level.

Basic specialist training is controlled by the various Royal Colleges and Faculties. The extent and nature of the training will vary according to the speciality.

During this period, doctors obtain three or four training posts approved by the Postgraduate Dean in the Senior House Officer grades.

Posts are filled in open competition and doctors are usually required to attend an interview.

These posts, which are salaried, serve to broaden their experience.

In-service training and short courses are arranged by the hospital to supplement the working experience.

In order to be eligible to sit the exams of particular Royal Colleges or Faculties and thus to be able to go on to higher specialist training, appropriate clinical experience in certain specialities may be obligatory.

Specialist training in almost all specialities is controlled by the various Royal Colleges and Faculties. These regulate their own examinations.

The candidates should contact them as early as possible to ensure they have (or will acquire) the correct qualification and experience to be eligible to sit the examinations.

Most of these examinations are in two or three parts. Some of the examinations, or parts of them, may be taken overseas.

The MRCP (United Kingdom) is considered essential for doctors aiming at higher specialist training in a medical speciality and is also a useful additional qualification for those wishing to enter other specialities.

Doctors intending to make a career in surgery initially take the MRCS/ AFRCS examinations (two to three years).

For other specialities, the doctor takes the examinations appropriate to those areas.

Listed below is a selection of qualifications that may be obtained during basic specialist training.

- MRCP (UK) - Membership of the Royal College of Physicians
- MRCS - Membership of the Royal College of Surgeons
- AFRCS - Associate Fellow of the Royal College of Surgeons
- MRCOG - Membership of the Royal College of Obstetricians and Gynaecologists
- MRCGP - Membership of Royal College of General Practitioners

- FCAnaes - Fellowship of the College of Anaesthetics
- MRCPath - Membership of the Royal College of Pathologists (parts 1 and 2)
- AFOM - Associateship of the Faculty of Occupational Medicine

The second parts of the MRCPath and the Membership examinations of the Faculty of Occupational Medicine (MFOM), Fellowship of the Faculty of Public Health Medicine (FPHM) and the Intercollegiate examinations in the surgical specialities are taken during the period of higher specialist training.

There are also opportunities to study for postgraduate degrees and diplomas, for example

- Doctor of Medicine (MD)
- Master of Surgery (ChM or MS)
- Diploma in Tropical Medicine and Hygiene (DTM&H)
- MSc in Cardiovascular Studies
- MSc in Immunology
- MSc in Haematology/Chemical Pathology/ Medical Microbiology

Once appointed to a training post a doctor should be able to benefit from the facilities provided by the National Health Service (NHS) for in-service training and courses.

Many medical centres throughout the United Kingdom hold part-time and short courses suitable for doctors preparing for examinations.

Doctors in hospital training posts who are interested in attending such courses should seek advice from their own consultant, the clinical tutor at the local postgraduate centre or the regional postgraduate dean.

Courses are listed in the book " the Guide to Postgraduate Degrees, Diplomas and Courses in Medicine".

Courses that the doctor wishes to take in addition to training provided by the hospital will usually have to be arranged and paid for by the doctor.

Higher specialist training

Higher specialist training follows basic specialist training and normally lasts for a period of four to six years, depending on the speciality.

It is frequently the case that a higher qualification will already have been obtained during basic specialist training as a pre-requisite for proceeding to higher specialist training.

During higher specialist training, doctors, in discussion with the postgraduate dean, will undertake a vocational training programme. This will involve working in three or four approved training posts in one speciality or groups of closely related specialities, supplemented by courses; in

some specialities they may be required to do a period of laboratory work or research.

Higher specialist training is overseen by various Joint Training Committees (and other equivalent committees).

In most specialities these committees will recommend the award of a CCST to doctors who have successfully completed higher specialist training programmes.

In surgery, trainees must pass the Intercollegiate Speciality Examination (FRCS) in the appropriate speciality as a mandatory prerequisite to the award of CCST. The examination may not be taken until trainees have satisfactorily completed the fourth year of higher surgical training.

Some examinations may only be taken during higher specialist training, e.g. the Intercollegiate Board Examination in Surgery and the FRCR (Fellowship of the Royal College of Radiologists).

General practice

Higher specialist training is not required for doctors wishing to enter general practice.

The requirement is to complete three years of approved postgraduate training placements, at least 12 months of which must be spent in SHO

posts in relevant specialities such as obstetrics and gynaecology, paediatrics, psychiatry, general medecine, general surgery or geriatrics.

At least 12 months must also be spent as a GP Registrar in an approved United Kingdom NHS training practice. After this, a Certificate of Prescribed Experience, or of Equivalent Experience, is issued by the Joint Committee on Postgraduate Training for General Practice.

Full registration is always required for the period of training as a GP Registrar, but only limited registration is necessary for the hospital component of the training programme.

Some doctors who intend to become GPs may wish to study for the examinations of the Royal College of General Practitioners (MRCGP). However this is not obligatory.

Others may wish to obtain the MRCP, or MRCOG, or other specialist qualifications as a useful addition to their training.

There are additional immigration regulations for overseas doctors wishing to enter general practice.

Overseas doctors contemplating undertaking training in general medical practice in the United Kingdom should note that except in limited circumstances no funding will be made available for salary, expenses or the trainers grant through the GP Registrar Scheme.

Doctors in doubt as to their entitlement should seek advice from their Course Organiser or the Director of Postgraduate GP Education.

CCST (EEA doctors)

EEA member states must recognise specialist qualifications or training obtained by EEA nationals in other EEA countries.

There are four types of certificate.

- Certificates of Completion of Specialist Training
- Certificate of Equivalence
- Certificate of Specialist Practice
- Certificate of Training in a Speciality

Eligibility for the CCST is determined solely in relation to a doctor's specialist medical training; the fact that he or she may not be a national of a Member State of the EEA or hold a primary medical qualification granted in the EEA has no relevance. It will, of course, be a matter for other European Member States as to whether they recognise United Kingdom CCSTs awarded to non-EEA qualified, non-EEA nationals.

The STA issues CCSTs to doctors who have been appointed to a Type 1 Specialist Registrar programme, and who have satisfactorily completed specialist training, based on assessment of competence, to a standard

compatible with independent practice and eligibility for consideration to a consultant post.

CCSTs perform the dual function of marking the end point of a specialist training programme in the career structure in the United Kingdom. They also fulfil the United Kingdom's obligation in relation to the issue of specialist certificates for European purposes.

Possession of a CCST, or of a designated specialist qualification awarded in another EEA Member State, entitles its holder to be included in the General Medical Council's Specialist Register (SR).

ODTS

At present, most Royal Colleges offer sponsorship schemes (in certain specialities) whose aim is to enable overseas-qualified doctors (non- EEA) to continue or complete their specialist training in the United Kingdom. These doctors must be of high calibre and be recommended by a senior medical body in their own country.

Useful publications

- **British qualifications (annual)**

Published by Kogan Page

Graduate studies (annual)
Published by Hobsons for CRAC

Guide to Postgraduate Degrees, Diplomas and Courses in Medicine (annual)
Published by Intelligene

Medical directory (annual)
Published by Informa Healthcare

Useful Contacts

NACPME
The British Council,
Bridgewater House,
58 Whitworth Street,
Manchester M1 6BB
Tel: +44 (0) 161 957 7218
Fax:+44 (0) 161 957 7029

Specialist Training Authority of Medical Royal Colleges

1 Wimpole Street
London W1M 8AE
Tel: +44 (0) 20 7 495 1928
Fax:+44 (0) 20 7 495 0763

Internship

The 12 months' internship is known as Pre-Registration Training and the post is called Pre-Registration House Officer. The short form is PRHO.

Pre-registration training usually consists of two six month posts, one in medicine and one in surgery, with posts commencing in February and August. Other patterns of training are also possible (three posts of four months, or four posts of three months).

As the internship in many countries is designed to complement and build on their undergraduate training, overseas doctors can complete this stage of their training in their own country.

However, those interested in spending their pre-registration year in a United Kingdom hospital can do so. The difficulty is that the number of available jobs are very limited.

Eligibility for training posts

EEA nationals or EC right holder

If the doctor can satisfy the following conditions, then this category of doctors are eligible for registration to undertake PRHO posts.

- The qualification is from United Kingdom
- The qualification is from EEA country
- The qualification is eligible for Full Registration

NON-EEA nationals

If the doctor can satisfy the following conditions, then this category of doctors are eligible for registration to undertake PRHO posts.

- The qualification is from United Kingdom
- The qualification is eligible for Full Registration

In all other cases, it will be difficult to get approval. However, contact General Medical Council with full details to find out the right answer for you.

Observer Attachments

Some of you may not wish to, or have been unable to, obtain a salaried training post. You can consider the alternatives

- Observer attachment
- supernumerary (unpaid) training post

Observer attachments

A doctor on an observer attachment will only watch medical practice and will not be permitted to do anything concerned with the treatment of patients.

A clinical attachment is effectively the same as an observer post. There is a demand for honorary (Supernumerary) training posts but, as a general rule, the Postgraduate Deans will not grant permission for these types of training posts.

Such attachments are of use for short periods to become familiar with the United Kingdom National Health Service or to see new procedures, e.g. when preparing for PLAB.

Observer attachments will not count towards the experience required for a doctor to be eligible to sit any examinations set by the Royal Colleges and equivalent bodies.

An overseas doctor does not require registration with the United Kingdom General Medical Council to undertake an observer attachment.

Supernumerary (unpaid) training posts

Postgraduate training in the SHO and Specialist Registrar grades is controlled by the Postgraduate Deans. As a general rule the Deans will not give permission for supernumerary (honorary) training posts though permission may still be given for exceptional reasons.

Special arrangements have been made to facilitate training for doctors who are holders of a Scholarship, awarded by an organisation/funding body within their own country, for clinical studies in the United Kingdom.

Where a supernumerary post has been offered this will depend on registration with the General Medical Council. The General Medical Council will not grant registration for a supernumerary SHO or Registrar post unless there is a letter of support from the Postgraduate Dean.

These posts offer the opportunity to obtain clinical experience but this is unlikely to be accepted for the experience required for a doctor to be eli-

gible to sit the examinations set by the Royal Colleges or equivalent bodies.

A doctor offered a supernumerary post will, after a period of adaptation, be fully involved in the work of the department including taking part in the on-call rota.

Obviously the consultant responsible will have to be satisfied that the doctor has the ability and the necessary experience to carry out the work competently.

A supernumerary post will not be effected until the employing Health Authority has offered an honorary contract of employment.

Getting Observer Attachment

Doctors must arrange observer status themselves by writing directly to hospitals as there is no formal mechanism.

When writing to hospitals, doctors should address their letter to the 'Clinical Director' of the appropriate department or 'The Hospital's Clinical Tutor'. Only a few hospitals will be in a position to take doctors for observer attachments.

Some hospitals may charge a fee for observer attachments.

Training - Quick Facts

In the preceding pages, there is a truckload of information. If you have gone through all the pages, you can skip this chapter as it contains just some important facts already discussed in United Kingdom.

United Kingdom postgraduate training is divided into three phases

- Internship
- Basic Specialist Training
- Higher Specialist Training

Internship immediately after graduating

This involves a one-year period in the House Officer grade rotating in medicine and surgery. This can be done in your country or in United Kingdom.

Basic Specialist Training

This involves a minimum of two years in the Senior House Officer (SHO) grade. An increasing number of SHO posts are packaged together in training programmes according to the needs of the speciality.

Other SHO posts are offered for six months and doctors must move from post to post to meet their training needs. It is planned that all SHO posts will be packaged into programmes.

Higher Specialist Training

This occupies a minimum of four years in the Specialist Registrar grade.

Entry to basic and higher specialist training is by a competitive process. Doctors must apply for posts as they are advertised. It is not possible to have a guaranteed move from basic to higher specialist training.

In general the shorter the period of training in the United Kingdom the more difficult it is to gain a paid training post.

For visits of up to 1-2 months it is in general only realistic to make arrangements for this on an observer basis.

General Medical Council registration is only really worth arranging for visits of more than three months unless the doctor is eligible for full registration.

It is much less difficult to arrange relatively short periods of training of 6 to 12 months when the doctor has a scholarship. The British Council is in some circumstances able to arrange Honorary Trust Fellowships for Scholarship holding doctors.

Obtaining training posts

Training posts are obtained by open competition in response to advertisements.

Doctors may be expected to attend an interview.

Doctors should not apply for training posts until they are notified by the General Medical Council that their primary medical qualification is recognised as eligible for full registration or accepted for limited registration and they have passed, or been exempted from, the PLAB test.

Once an approved training post has been offered to a doctor by a hospital on the understanding that he or she is eligible for limited registration, the General Medical Council will grant limited registration for that post and the appointment may then be taken up.

Doctors who come to Britain on an ODTS sponsorship or who are officially sponsored by such bodies as the British Council or the Association of Commonwealth Universities are placed in appropriate training posts by their sponsors.

Overseas doctors already admitted to the United Kingdom for permit-free training may undertake short periods of work in hospital 'locum tenens' appointments, without the need for a work permit, if the job is related to their training.

Any period spent as a locum will count towards the four-year permit-free period, but not towards experience required for entry to an exam.

These posts are most numerous during the summer. Locum appointments are not usually regarded as acceptable training experience.

Additional Courses

Once appointed to a training post a doctor should be able to benefit from the facilities provided by the NHS for in-service training, academic instruction and courses.

Some doctors may wish to attend additional courses and details can be found in the Guide to postgraduate degrees, diplomas and courses in medicine and in medical journals such as the BMJ and The Lancet. A list of one-year and two-year postgraduate courses can be found in Graduate studies.

Non-clinical courses do not require registration.

The Guide to Postgraduate Degrees, Diplomas & Courses in Medicine contains a list of the medical specialities. Course information will also state when General Medical Council registration is required for certain Royal College examinations.

The Guide can be purchased through

Intelligene
Woodlands
Ford
Midlothian EH37 5RE.
Telephone: 01875 320063
Fax: 01875 320276.

You can get the book in British Council offices overseas. Usually it will be a copy for reference purposes.

The following publications will be useful:

British qualifications (annual)
Published by Kogan Page
This reference book lists the educational, technical, professional and academic qualifications available in Britain. It provides details of over 500 professional institutes, accrediting bodies and examining boards, in more than 200 career fields.

Graduate studies (annual)
Published by Hobsons for CRAC
Comprehensive guide to all postgraduate training, both research and taught, available in Britain.

Guide to Postgraduate Degrees, Diplomas and Courses in Medicine (annual)
Published by Intelligene

Medical directory (annual)
Published by Informa Healthcare
A voluntary alphabetical listing of doctors in the United Kingdom who are fully registered with the General Medical Council including those who have allowed their registration to lapse. The directory also has details of United Kingdom hospitals, medical departments of universities, medical research institutions and professional bodies.

National Health Service

The National Health Service (NHS) provides free medical care and services to the citizens of the United Kingdom. NHS is state-funded. In simple words, it is a "government" agency.

The private medical sector in the United Kingdom is relatively small.

Scotland and Northern Ireland have a comparable but separate system.

All NHS hospital doctors are employees of a health authority or of a hospital trust which contracts to provide services to the health authority.

Academic staff at medical schools are given honorary NHS contracts if their posts have a clinical commitment.

Primary medical care in the United Kingdom is provided by general practitioners (GPs), also known as family doctors, who largely work within the NHS.

GPs are considered independent contractors whereby they do not receive salaries but are paid according to a system of fees and allowances as remuneration for expenses. GPs may also undertake work outside the NHS and may provide private services.

EEA countries

We frequently refer to the words EEA and EC rights. What do they mean? The following countries are called EEA (European Economic Area) countries. All other countries are Non-EEA countries.

- Austria
- Belgium
- Denmark
- Finland
- France
- Germany
- Greece
- Iceland
- Ireland
- Italy
- Liechtenstein
- Luxembourg
- Netherlands
- Norway
- Portugal
- Spain

- Sweden
- United Kingdom

EC rights stands for European Community Rights.

Though the doctors from these countries are not from United Kingdom, they are in an advantageous position when compared to other Overseas Doctors.

Medical Defence

When you start working in a country like United Kingdom, you will have to go to court often. In most cases, you will give expert evidence in Insurance claims. Some cases may relate to crimes.

The most unpleasant thing, which is not uncommon, will be when you are sued in a court of law. If you lose your case, you will have to pay compensation or fine that can be a fortune.

So, you must take medical defence insurance seriously.

The cost of this insurance is very low.

Overseas doctors who fulfil the necessary conditions are covered free of charge against legal actions brought by patients. Nevertheless overseas doctors are still advised to take out their own medical defence insurance to obtain protection in certain circumstances not covered by block indemnity.

The General Medical Council expects doctors to take out this insurance.

It is advisable to apply for membership of a medical defence organisation as soon as immigration and registration requirements have been met.

Legal actions may be brought against doctors long after they have returned to their own countries and the defence organisations have made special provision to cover such possibilities.

Doctors who hold comparable insurance in their own countries are urged to find out whether these arrangements cover them for clinical practice in the United Kingdom.

Before allowing any such arrangements to lapse they should be clear as to their entitlement to retrospective cover for any alleged events which occurred before they left for their own countries.

General and Private Practice

Doctors who work in general or independent (private) practice are responsible for arranging their own medical defence membership which gives them right to apply for medico-legal advice, assistance and legal representation and an indemnity for allegations of negligence arising from their clinical practice.

The three United Kingdom-based medical protection and defence organisations which provide such benefits of membership are

- the Medical Defence Union,
- the Medical Protection Society

- the Medical and Dental Defence Union of Scotland.

All of these organisations also provide full indemnity and advisory services required by hospital and community doctors.

NHS hospital and Community Practice

NHS Health Authorities, Boards and Trusts are responsible for financing and handling of medical negligence claims against employed doctors working within the scope of the duties of their appointment.

The scheme is the Hospital and Community Health Services indemnity scheme commonly referred to as Crown or NHS Indemnity.

Membership of a defence organisation is strongly recommended by bodies including the Department of Health, the General Medical Council and the British Medical Association.

This is because the NHS scheme only provides for medical negligence claims arising from a practitioner's contracted duties, nothing more.

The NHS scheme does not, for example, provide assistance for any of the following, for which continuing membership of a medical defence organisation is strongly recommended:

- inquests (fatal accident inquiries in Scotland)
- disciplinary inquiries into professional conduct and competence

- good Samaritan work
- work off premises (e.g. private work)
- general practice
- General Medical Council disciplinary procedures
- non-contractual work undertaken by NHS employees such as medico-legal reports, court appearances etc.
- defence of criminal proceedings arising from professional practice (e.g. alleged indecent assault, medical manslaughter).

Doctors are strongly advised to subscribe to one of the three medical defence organisations to supplement cover offered by the NHS Indemnity scheme and contact individual medical defence organisations for full information in benefits of membership.

Useful addresses

The Medical Defence Union Ltd
230 Blackfriars Road
London
SE1 8PJ
United Kingdom
telephone: +44 (0)20 7202 1500
fax: +44 (0)20 7202 1699

Membership Department
freephone +44 (0)800 716376
e-mail: membership@the-mdu.com
Website: http://www.the-mdu.com

The Medical Protection Society
50 Hallam Street
London
W1N 6DE
United Kingdom
telephone: +44 (0)20 7637 0541
Membership Department
Granary Wharf House
Leeds
LS11 5PY
United Kingdom
telephone: +44 (0)113 243 6436
or +44 (0)845 718 7187 (local rate)
Fax: +44 (0)113 241 0500

The Medical and Dental Defence Union of Scotland
Mackintosh House

120 Blythswood Street
Glasgow
G2 4EA
United Kingdom
telephone: +44 (0)141 221 5858
fax: +44 (0)141 228 1208

Medical Council

You can contact General Medical Council by email, phone or fax. For different services, General Medical Council has different contact numbers. Check the website for correct numbers.

General Medical Council
178 Great Portland Street
London W1N 6JE
United Kingdom
Telephone 0171 580 7642
Fax 0171 915 3641
Website: http://www.gmc-uk.org

Suggested Books

The following books will be useful in preparing for the PLAB test.

Medicine

- **Clinical Medicine**
  Parveen Kumar, Michael Clark
- **Lecture Notes on Clinical Medicine**
  David Rubenstein
- **The Clinical Manual**
  John Bradley
- **Oxford Handbook of Clinical Medicine**
  R. A. Hope(Editor)

Surgery

- **Lecture Notes on General Surgery**
  Howard Ellis

Bailey & Love's Short Practice of Surgery
Charles V. Mann (Editor)

Oxford Handbook of Clinical Surgery
S. Parameswaran, Gregor R. McLatchie

An Introduction to Symptoms and Signs of Surgical Disease
Norman L. Browse, Dominic J. Browse

Principles and Practice of Surgery
A. P. M. Forrest

Practical Fracture Treatment
Ronald McRae

Clinical Orthopaedic Examination
Ronald McRae

Obstetrics

Obstetrics by Ten Teachers
Chamberlain

Gynaecology

Gynaecology by Ten Teachers
Geoffrey Chamberlain(Editor)

Paediatrics Lecture notes on paediatrics
S. R. Meadow

Essential Paediatrics
David Hull (Editor)

Others

Oxford Handbook of Accident and Emergency Medicine
Jonathan Wyatt Robin N. Illingworth Colin E. Robertson Michael Clancy P. Munro

Job Resources

All hospital posts which are advertised are applied for in open competition with United Kingdom and overseas doctors.

Be prepared for strong competition for most hospital posts, especially those in General Medicine and Surgery.

Job opportunities are advertised each week in the two main medical journals – BMJ and The Lancet. Both journals have web sites.

There are a number of other websites and Agencies that can give you information on job vacancies.

- **British Medical Journal**
  Website: http://classified.bmj.com/
- **The Lancet**
  Website: http://www.thelancet.com/
- **Health-ejobs**
  Website: http://www.health-ejobs.com/
- **Medacs Healthcare**
  Website: http://www.medacs.com/

Jobsin
Website: http://www.jobsin.co.uk/health/

Medical Jobs
Website: http://www.medicaljobs-at.com/

JobsGoPublic
Website: http://www.jobsgopublic.com/

Medics-Inc
Website: http://www.medics-inc.co.uk/

Recruitment Solution
Website: http://www.recruitmentsolutions.co.uk/

Capital Employment
Website: http://www.capitalemployment.co.uk/

NhsCareer
Website: http://www.nhscareers.nhs.uk/

Catto
Website: http://www.catto.net/doctors/English/doctors-jobs.htm

StepStone
Website: http://www.stepstone.co.uk/

Monster
Website: http://www.monster.co.uk/

Immigration

All persons entering the United Kingdom must have a passport or other travel document valid for the United Kingdom. In addition visas are required by most overseas doctors.

Entry for PLAB test

Doctors who come to the United Kingdom in order to sit the PLAB test may be admitted as visitors to the United Kingdom for a period of up to six months.

Doctors may have their stay extended for a further six months (i.e. up to twelve months in total from date of entry) for the purpose of resitting PLAB.

Doctors coming to the United Kingdom to take the IELTS and/or PLAB examinations, or medical courses, may be issued with either a Student or Visitors' Visa. Visas must be applied for in your own country.

On passing PLAB, and thus becoming eligible to apply for limited registration, the doctor may ask the Home Office for permission to 'switch' to permit-free status in order to undertake postgraduate training in a hospital.

Work permits

Fully trained overseas doctors who wish to seek employment in the United Kingdom, as opposed to training posts, are subject to work permit regulations, whereby prospective employers must apply for a work permit on behalf of the doctor.

This includes overseas doctors seeking entry to the United Kingdom for such purposes as undertaking salaried employment in NHS General Practice (GP) as an assistant, registrar or locum, those in private practice, academic institutions, or in industry.

EEA nationals do not have to acquire work permits to work in the United Kingdom.

Prospective employers will apply to the Department for Education and Employment (DFEE) or the Training and Employment Agency Northern Ireland (TEA), for a work permit on behalf of the doctor.

Self-employment has its own regulations. The Overseas Labour Service of the DFEE or the TEA can provide further details.

Permit-free training

Certain approved training posts permit overseas doctors, a period of Permit Free Training in the United Kingdom. A work permit is not required for this type of training.

Permit free training may be for up to four years at SHO grade and effectively as long as required at Specialist Registrar grade subject to satisfactory progress.

Overseas doctors undertaking postgraduate training in a hospital or the Community Health Service may be eligible for Permit Free Training.

The length of permit-free training will be more closely allied to the training programme of the individual doctor.

Overseas doctors (non-EEA) seeking postgraduate basic specialist/general professional training in hospitals and who intend to return home after their training, will be eligible for an initial grant of anything up to three years permit-free training, and extensions may be available up to an aggregated maximum of four years.

This could therefore comprise an initial grant of one-year followed by an extension of three, or an initial grant of three years followed by an extension of one, or any other combination.

Doctors in higher specialist training will be eligible for an initial grant of three years permit-free training on first entering the United Kingdom or after completing basic specialist training, with provisions for further extensions of stay each not exceeding three years, dependant on the requirements of their training programme.

Extensions also depend on satisfactory progress by the trainee as assessed by the regional postgraduate dean, who is the authoritative source of information for the Home Office. The amount of time will be closely allied to the training programme enabling doctors to pursue to 'Completion of Certificate in Specialist Training' (CSST).

Doctors can move from basic to higher specialist training. If a doctor was moving to higher specialist training at the end of four years in basic training, then he/she would be eligible for an extension of up to three years and further extensions as appropriate.

If he/she was moving during an existing period of permit-free, then that period would continue until expiry at which time an application could be made for an extension of up to three years and thereafter further extensions as appropriate.

Doctors who are eligible for Limited Registration with the General Medical Council, may apply for Permit free training schemes.

In order to qualify for permit-free training in the United Kingdom an overseas doctor must satisfy the immigration authorities upon arrival in Britain of the following - that he or she:

- intends to undergo postgraduate training in a hospital
- is currently registered, or is eligible to apply for registration with the General Medical Council
- intends to leave the United Kingdom after completing their training
- can support him/herself and any dependant without recourse to public funds

Switching between categories

The immigration rules do not allow overseas doctors who enter the United Kingdom with permit-free status to switch to TWES work permit employment. Applications to do so are liable to be refused.

Self-employment

Overseas doctors (non-EEA) seeking entry to the United Kingdom with the intention of working as GPs in NHS general practice or of providing private medical services have to fulfil certain requirements and hold a

valid entry clearance for entry to the United Kingdom in the capacity of self-employment.

Amongst the requirements to be met are that they:

- have full registration with the General Medical Council
- meet the NHS vocational training regulations (for NHS GPs)
- will be bringing at least £200,000 to invest in the practice
- will be creating at least two new full-time jobs for people already settled here
- will be working full-time

Associations

Royal Colleges

- **Royal College of Anaesthetists**
  Website: http://www.rcoa.ac.uk/
- **Royal College of General Practitioners**
  Website: http://www.rcgp.org.uk/
- **Royal College of Obstetricians & Gynaecologists**
  Website: http://www.rcog.org.uk/
- **Royal College of Ophthalmologists**
  Website: http://www.rcophth.ac.uk/
- **Royal College of Paediatrics and Child Health**
  Website: http://www.rcpch.ac.uk/
- **Royal College of Pathologists**
  Website: http://www.rcpath.org/
- **Royal College of Physicians**

Website: http://www.rcplondon.ac.uk/

Royal College of Physicians of Edinburgh
Website: http://www.rcpe.ac.uk/

Royal College of Psychiatrists
Website: http://www.rcpsych.ac.uk/

Royal College of Surgeons in Ireland
Website: http://www.rcsi.ie/

Royal College of Surgeons of Edinburgh
Website: http://www.rcsed.ac.uk/

Royal College of Surgeons of England
Website: http://www.rcseng.ac.uk/

Accommodation

YMCA England
Website: http://www.ymca.org.uk/

LCOS
Website: http://www.lcos.org.uk/

Host UK
Website: http://www.hostuk.org/hosthome.htm

BedUK
Website: http://www.beduk.co.uk/

B&B Net
Website: http://www.uk-expo.com/bnb/

Hotel Reservation Network
Website: http://www.b-and-b-online.com/

B&B Nationwide
Website: http://www.bedandbreakfastnationwide.com/

TuckedUp

Website: http://www.kgp-publishing.co.uk/

Backpackers UK
Website: http://www.backpackers.co.uk/

YHA
Website: http://www.yha.org.uk/

Useful Links

Department of Health
Website: http://www.open.gov.uk/doh/dhhome.htm
The site is a source of information on the NHS for enquirers who wish to know about government policy.

NHS Confederation
Website: http://www.nhsconfed.net/
A membership organisation of NHS Trusts and Health Authorities. Publishes useful information on NHS policy and practice.

Health Link
Website: http://www.healthlink.org.uk/
Information for health workers in developing countries.

World Health Organization
Website: http://www.who.int/

Immigration & Nationality Directorate
Website: http://www.homeoffice.gov.uk/
Provides information on immigration and visa issues.

Overseas Labour Service
Website: http://www.dfee.gov.uk/ols
Provides information on the Work Permit Scheme, application forms and guidance on how to apply.

Refugee Doctors
Website: http://www.mds.qmw.ac.uk/gp/refugeedoctors
A source of information for refugee doctors seeking to get registered to practice and restart their careers in the United Kingdom.

UKCOSA - the Council for International Education
Website: http://www.ukcosa.org.uk/
General source of information for overseas students studying in the United Kingdom.

British Medical Association
Website: http://www.bma.org.uk/
The British Medical Association is a professional association of doctors, representing their interests and providing services for its members.

General Medical Council
Website: http://www.gmc-uk.org/

IELTS
Website: http://www.ielts.org/

United Examining Board
Website: http://www.apothecaries.org/
Information on acquiring Alternative Primary Medical Qualifications under the auspices of the UEB.

Medical Defence Union
Website: http://www.the-mdu.com/

British Medical Journal
Website: http://www.bmj.com/

The Lancet
Website: http://thelancet.com/

Health Service Journal
Website: http://www.hsj.co.uk/
It contains health management job vacancies.

Royal Society of Medicine
Website: http://www.roysocmed.ac.uk/

Faculty of Occupational Medicine
Website: http://www.facoccmed.ac.uk/

Faculty of Public Health
Website: http://www.fphm.org.uk/

The Specialist Training Authority
Website: http://www.sta-mrc.org.uk/
The Specialist Training Authority of the Medical Royal Colleges is the United Kingdom competent authority for the purpose of specialist medical training functions and the award of the Certificate of Completion of Specialist Training (CCST).

The British Council
Website: http://www.britcoun.org/education/

The British Medical Journal
Website: http://classified.bmj.com/
Long term and locum jobs are advertised in this journal which is published weekly.

MED e ZONE
Website: http://www.medezone.com/

Doctors Net
Website: http://www.doctors.net.uk/

About United Kingdom

Great Britain played a leading role in developing parliamentary democracy and in advancing literature and science. At its zenith, the British Empire stretched over one-fourth of the earth's surface.

Geography

United Kingdom is located in Western Europe, islands including the northern one-sixth of the island of Ireland between the North Atlantic Ocean and the North Sea, northwest of France. The geographic coordinates are 54 00 N, 2 00 W.

The total area is 244,820 sq. km.

The United Kingdom is part of the British Isles, a group of islands off the north-west coast of Europe. The country is made up of mainly fertile plains and rolling hills with moderate sized mountains in Scotland. The United Kingdom has a temperate climate.

Average summer maximum is 28 C; average winter minimum is -7 C. October to March are the wettest months and it often snows in winter.

Climate is temperate, moderated by prevailing southwest winds over the North Atlantic Current and more than one-half of the days are overcast

Natural resources are coal, petroleum, natural gas, tin, limestone, iron ore, salt, clay, chalk, gypsum, lead, silica and arable land.

People

The size of the Population is 59 million.

People are called Briton(s), British is used as collective plural.

Ethnic groups are English 81%, Scottish 10%, Irish 2%, Welsh 2%, Ulster 2% and Others 3%

Languages are English and Welsh

Economy

Long form of the name of United Kingdom is United Kingdom of Great Britain and Northern Ireland and short form is United Kingdom. The Data code is United Kingdom.

London is the Capital of United Kingdom.

The country has 47 counties, 7 metropolitan counties, 26 districts, 9 regions and 3 islands areas.

Inflation rate is 2% and Unemployment rate is 6%.

Major Industries are production machinery including machine tools, electric power equipment, automation equipment, railroad equipment, shipbuilding, aircraft, motor vehicles and parts, electronics, Communications equipment, chemicals, metals, coal, petroleum, paper and paper products, food processing, textiles, clothing, and other consumer goods.

Major agriculture products are cereals, oilseed, potatoes, vegetables; cattle, sheep, poultry and fish.

Currency system is 1 British pound = 100 pence

Exchange rate is US$1 = 0.6092 British pounds.

Metric and imperial measurements are both used.

International Airports are in London Heathrow, London Gatwick, Stansted, Luton International, Birmingham International, Manchester International, Aberdeen, Edinburgh International, Glasgow and Glasgow Prestwick.

Ireland

Overview

Ireland provides excellent opportunities for training and employment. It offers a long period of Temporary Registration.

Being a small country, some specialist training opportunities are limited. Many overseas doctors may find it difficult to get into specialist training opportunities and schemes.

The normal route for overseas doctors is Temporary Registration. This requires a pass in Temporary Registration Assessment Scheme. If you want to avoid examination, you can think of exempted categories.

The chapter "Registration" tells you everything you need to know about the registration procedures. The chapter "Medical Council" gives the contact details of Medical Council of Ireland.

The chapter "Examination" explains the procedure and format for Temporary Registration Assessment scheme. Some sample examination materials have been included.

The chapter "Hospitals" gives a list of hospitals.

The chapter "Job Resources" suggests some useful career related websites. Some sites are exclusively for health professionals. Others list both health and general jobs.

The chapter "Immigration" gives you the official immigration contact details and private contact details.

The chapter "Accommodation" gives you a list of useful websites. You can use them to book your accommodation online in advance before your entry into Ireland.

The chapter "Associations" gives you contact information for various medical and general organisations. The chapter "Useful Links" gives a list of useful websites that can not be included in any other chapter.

The chapter "About Ireland" tells about some basic fact you must know about Ireland.

Registration

Medical Council of Ireland regulates the registration process in Republic of Ireland. If you want to practise medicine in Ireland, you must register with Medical Council of Ireland.

Doctors should contact the medical council to assess their eligibility for registration. Most of the overseas doctors apply for "Temporary Registration" and this process is outlined in the subsequent sections.

Types of Registration

There are five types of Registration

- Provisional Registration
- Full Registration
- Overseas Registration
- Temporary Registration
- Specialist Registration

Of the above five, the last two types of registration are important to Overseas Doctors, and we have dealt with them in detail.

Provisional Registration

An undergraduate doctor from Ireland gets Provisional Registration to do 12 months' internship in approved Irish Hospital to become eligible for Full Registration. The internship consists of 6 months' training in medicine and 6 months' training in surgery.

Full Registration

Full registration is obtained on successful completion of internship during provisional registration. Full Registration gives eligibility to higher training and eventually leads to Specialist Registration. Full Registration allows unrestricted practice.

Overseas Registration

Overseas Doctors should not be misled by the name. Overseas Registration is for doctors who

- hold Full Registration and
- live overseas, that is, in a country other than Ireland

Temporary Registration

The purpose of temporary registration is to offer postgraduate training opportunities in Ireland to doctors who have qualified in medical schools outside the European Union.

Specialist Registration

This registration is for doctors who have completed training and require no further training or supervision to practise independently in the chosen discipline.

Temporary Registration

This is the form of registration that enables a doctor to practice medicine legally in an approved Irish hospital so that he/she may return to his/her country of origin with a higher degree of competence.

Sometimes Temporary Registration may be given to cater for service appointments which arise in approved hospitals where vacancies occur.

Temporary registration can be a route to full registration, which allows unrestricted practice. It is a restricted privilege.

The Temporary Registration Assessment Scheme sets out the mechanisms by which doctors can obtain temporary registration.

Under certain circumstances it is possible to get exemption from the Temporary Registration Assessment Scheme. We have discussed it in a separate section.

Restrictions

Here are the restrictions of Temporary Registration.

- Temporary Registration is only for a limited period.
- You can work only in approved hospitals and under a consultant.
- There are restrictions on prescribing controlled drugs.
- This does not give you a right to full registration.
- Temporary Registration may be cancelled at any time before the expiry of registration period.

Period

Temporary registration is available for a total of up to seven years. The Medical Council may cancel it before the expiry of seven years and thus shorten it. Usually, the period will not be extended beyond seven years.

Eligibility

To be eligible for Temporary Registration, the following conditions must be satisfied.

- The doctor must hold an acceptable primary medical qualification.
- The doctor have completed 12 months' internship, which must consist of 6 months' training in medicine and 6 months' training in surgery.
- The doctor must complete TRAS or be exempt from it.
- The doctor must be of good character.

A list of Primary Medical Qualification is maintained by the Medical Council of Ireland. The list is similar to the one maintained by WHO.

You have to do Internship in your country.

Procedure

You must contact the Medical Council to get the relevant form.

On receipt of your application form, the medical council will decide on your eligibility for temporary registration with or without TRAS. You will be sent a letter about the decision.

If you are required to appear for TRAS, you must first sit the assessment scheme within a period of two years from the date of eligibility. On successful completion of TRAS, you will get Temporary Registration.

Exemptions from Exam

There are two types of exemption from TRAS, the examination for Ireland Registration. You need not appear for TRAS, if you can satisfy one of the conditions

- You are a sponsorship candidate or
- You hold a recognised higher qualification

Sponsorship

Sponsorship scheme gives you exemption from TRAS.

There are two steps in the process. An organisation in your country, referred to as Overseas Sponsor, must sponsor you. An Organisation in Ireland, called Local Sponsor, must further sponsor you.

An Overseas sponsor is

- A Government Department or
- A University

A Local Sponsor is

- A University in Ireland
- A Royal College in Ireland
- A Faculty of Irish Royal College

The following requirements must be satisfied.

- The local sponsor must know you personally and vouchsafe for your suitability to the postgraduate training
- You must have approved primary medical qualification
- you must have completed internship
- Certificate from Overseas sponsor must be produced
- Evidence of acceptance into a formal training programme in Ireland must be furnished
- You must produce evidence of appointment, by a hospital authority, to a position in an approved hospital in Ireland.

A sponsored applicant may only be granted temporary registration for appointments within the sponsorship programme.

If you take up appointment other than the ones in sponsorship scheme, your Registration will immediately expire. You have to complete to TRAS to continue to hold Temporary Registration.

You may still be required to pass IELTS.

If you want to apply for Full Registration at the expiry of Temporary Registration you have to complete TRAS.

If you want to practise after your Sponsorship period, you need to complete TRAS.

We have given a list of Royal Colleges in the chapter "Associations". Please contact them to have more information on schemes and vacancies.

Exempted Higher Qualifications

If you can satisfy the following conditions, you may be eligible for exemption from TRAS.

- You hold a recognised higher qualification or an equivalent qualification
- You will work only in approved positions
- You must have approved primary medical qualification
- You must have completed internship

You may only be granted temporary registration for appointments within the approved specialities.

If you take up appointment other than the approved ones, your Registration will immediately expire. You have to complete to TRAS to continue to hold Temporary Registration.

You may still be required to pass IELTS.

If you want to apply for Full Registration at the expiry of Temporary Registration you have to complete TRAS.

The following qualifications or its equivalent are approved.

FFA RCSI
Fellow
Royal College of Surgeons in Ireland
Faculty of Anaesthetists

MEPHMI
Member
Royal College of Physicians of Ireland
Faculty of Public Health Medicine

FFPHMI
Fellow
Royal College of Physicians of Ireland
Faculty of Public Health Medicine

MFOM RCPI
Member
Royal College of Physicians of Ireland
Faculty of Occupational Medicine

FFOM RCPI
Fellow
Royal College of Physicians of Ireland
Faculty of Occupational Medicine

FFR RCSI
Fellow
Royal College of Surgeons in Ireland
Faculty of Radiology

MRCPI
Member
Royal College of Physicians of Ireland

FRCPI
Fellow
Royal College of Physicians of Ireland

FRCSI
Fellow
Royal College of Surgeons in Ireland

FFPath
Fellow

Royal College of Physicians of Ireland
Faculty of Pathology

Recognised Specialities

Applicants for temporary registration should state on their application form the speciality in which they desire to be trained.

- **Accident and Emergency Medicine**
- **Anaesthetics**
- **General Practice**
- **Medicine:**
  Cardiology. Clinical Genetics, Clinical Pharmacology & Therapeutics, Communicable Diseases, Dermatology, Endocrinology & Diabetes Mellitus, Gastroenterology, General (Internal) Medicine, Geriatric Medicine, Medical Oncology, Nephrology, Neurology, Palliative Medicine, Respiratory Medicine, Rehabilitation Medicine, Rheumatology, Tropical Medicine, Venereology
- **Obstetrics and Gynaecology**
- **Occupational Medicine**

- **Pathology**
  Chemical Pathology, Clinical Immunology, Haematology, Microbiology, Morbid Anatomy & Histopathology
- **Paediatric Medicine**
- **Psychiatry**
  Child and Adolescent Psychiatry, Psychiatry
- **Public Health Medicine**
- **Radiology**
  Diagnostic Radiology, Radiotherapy
- **Surgery:**
  General Surgery, Neurological Surgery, Ophthalmology, Oral & Maxillo-Facial Surgery, Orthopaedic Surgery, Otolaryngology, Paediatric Surgery, Plastic Surgery, Thoracic Surgery, Urology

Specialist Registration

A specialist is a doctor who has completed his/her training and requires no further training or supervision to practise independently in the discipline of his/her choice.

Specialists may hold posts such as General Medical Services (GMS) principals, consultants in public hospitals or other independent practice posts.

Specialist registration is the best assurance to the public of the ability of a doctor to practise without supervision.

The Medical Council has indicated that by 2003, all doctors who are eligible should be entered on the register.

When a doctor is entered in the Specialist Register in any EU member state, the Competent Authority will issue a certificate which is accepted by the equivalent body in another state. When one of these certificates is presented in another country, the doctor is entitled to entry in the second country's specialist register, provided that any additional conditions are met.

Routes of entry

A number of routes are available for entry to the Specialist Register. While outside agencies may advise the Medical Council on individual applications, the final decision on eligibility for entry to the Specialist Register lies with the Council.

Route One

Completion of recognised postgraduate training in Ireland under the supervision of an approved postgraduate training body.

Route Two

Appointment to a GMS post or Local Appointments Commissions consultant post in a public hospital in Ireland prior to 1997.

Route Three

On the recommendation of the relevant postgraduate training body following assessment of the doctor's training to date.

Route Four

EU national who holds the appropriate specialist certificate may be entered in the relevant division of the Specialist Register in Ireland.

Route Five

Specialist Registration can be done at the discretion of the Medical Council of Ireland.

Procedure

Application forms are available from the Education & Training Section of the Council. The sections to be completed depend on which route of entry is being pursued and may sometimes require additional evidence or information.

Medical Council

Medical Council of Ireland

Physical and Postal Address
Lynn House, Portobello Court,
Lower Rathmines Road,
Dublin 6, IRELAND

Phone and Fax
Phone 00 353 1 4965588
Fax 00 353 1 4965972

Email Address
e-mail: medicalcouncil@mcirl.ie
Website: http://www.medicalcouncil.ie/

Examination

Temporary Registration Assessment Scheme

TRAS is the short form of The Temporary Registration Assessment Scheme. The assessment is structured to assess the candidate's ability to demonstrate professional knowledge and clinical judgment along with English language skills.

The subjects which are tested in the clinical components include

- Medicine
- Surgery
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry

There are two components in TRAS

- English Component
- Medical Component

Examination centres

The assessments are held in rotation in Dublin, Galway and Cork and take place on four occasions each year in one of these centres, provided there are a sufficient number of applicants for each assessment.

The IELTS test usually takes place on the first day and the medical components usually take place on the second and third days. This applies to you only if you are taking IELTS in Ireland.

Candidates should allow 3-4 days to ensure completion of all components of the Assessment Scheme within the same assessment period.

Results

Results are sent to the candidates by post.

Attempts

Each candidate will be permitted four attempts at the Assessment Scheme. You must pass all the medical components on the same occasion.

Pass

A successful result in an Assessment Scheme will remain valid for a period of three years. Pass makes you eligible for Temporary Registration.

A candidate who passes the Assessment Scheme may apply for employment in a hospital approved of by the Medical Council and temporary registration may be granted.

Fail

Candidates who fail the medical component severely will not be permitted to re-sit the Assessment Scheme for a period of six months.

Other failed candidates may re-sit the Assessment Scheme at the next available opportunity.

A candidate who fails the medical component severely at the third attempt will not be allowed to re-sit the Assessment Scheme for two years.

A candidate who is unsuccessful in the Assessment Scheme will be informed of the parts of the assessment which he/she failed and whether the failure was marginal or severe.

English Component

You have to pass IELTS test. You must score an overall band of 7 with a minimum score of 6 in each of the four modules.

You must pass the medical component of TRAS within three years of obtaining IELTS report form.

If your IELTS is more than three years old, you have to pass IELTS test again and then apply for Medical component of TRAS.

If you have not already passed IELTS test, it can be taken at the same time as the medical component at specified test centres in Ireland.

We have discussed IELTS in detail in a separate chapter. If you want know more about IELTS, read that chapter.

Medical Component

The Medical Component consists of three sub components. They are

- Multiple Choice Questions
- Oral Medical Assessment
- Clinical Examination (OSCE)

To be successful, a candidate must pass all the medical components on the same occasion.

Multiple Choice Question

This section tests the factual knowledge of the candidate in the main medical specialities. It consists of one paper. The duration is two and half hours.

MCQ Format

The Multiple Choice Question paper will consist of 60 questions with a total of 5 stems per question. The questions will be divided evenly among the following subjects:

- Medicine
- Surgery
- Obstetrics & Gynaecology
- Psychiatry
- Paediatrics

You will be given three options for each stem. The options are:

- True
- False
- Don't Know

You have to mark whether each stem is True or False. If you do not know the answer you must mark Don't know. This is very important because the test carries negative marks.

The method of scoring will be:

- Correct Answer - One mark awarded
- Wrong Answer - One mark deducted
- Don't know - Zero mark

Sample MCQs

Medicine

The following relate to the symptoms of severe chronic anaemia:

(A) skin pallor can be absent.

(B) swelling of the ankles can occur

(C) the peripheral pulses can be 'collapsing' in type.

(D) shortness of breath on exertion is rare.

(E) angina pectoris can be troublesome.

Surgery

In the post-operative patient

(A) secondary haemorrhage occurs in association with the return of blood pressure to normal.

(B) a pyrexia in the first 24 hours is most likely to be due to atelectasis.

(C) a deep venous thrombosis more commonly develops after the fourth post-operative day.

(D) pyrexia due to atelectasis is best treated by antibiotics.

(E) prolonged ileus is associated with hypokalaemia

Here is another sample in surgery.

Gallstones

(A) can cause intestinal obstruction.

(B) are diagnosed by an oral cholecystogram when the patient is jaundiced.

(C) are associated with gall bladder mucocoele and empyema

(D) are all easily shattered by lithotripsy.

(E) are associated with typhoid carrier status.

Obstetrics & Gynaecology

The following physiological changes of pregnancy normally occur within the first 6 weeks of gestation.

(A) regression of the Corpus luteum.
(B) the appearance of colostrum.
(C) a marked increase in the progesterone secretion from the placenta.
(D) decrease in systolic and diastolic blood pressures.
(E) increased urinary output.

Psychiatry

Anxiety symptoms:
(A) are uncommon in the general population.
(B) are best treated by drug therapy.
(C) occur in response to a real or imagined threat.
(D) are common in depressive illnesses.
(E) are similar to those of hyperthyroidism.

Paediatrics

Recognised clinical features of cardiac failure in infants include:
(A) pulsus paradoxus
(B) splenomegaly
(C) sweating.

(D) poor weight gain.

(E) flaring of the alae nasi.

Oral Medical Assessment

Oral Medical Assessment assesses the candidate's clinical knowledge and communication skills.

The test will last for 20 minutes.

This will be conducted by two medical assessors. One assessor will be drawn from a medical or surgical discipline while the other will be drawn from paediatrics, obstetrics and gynaecology or psychiatry.

Clinical Examination (OSCE)

This test in the form of an Objective Structured Clinical Examination. The short form is OSCE.

Candidates rotate through a series of task units or stations, so that for any one station all candidates are assessed on the same issues by the same examiners.

At each station, the candidate is directly observed performing tasks such as:

- taking history
- performing physical examination
- demonstrating a practical procedure
- interpreting a chest x-ray, ECG or lab results
- patient management/ education exercises

There will be 15 stations in total including 2 rest stations. Each station is of 6 minutes duration.

The total duration will be approximately 90 minutes.

We have covered OSCE in different chapters in United States section and United Kingdom section. If you read them carefully, you will have more information on stations.

Syllabus

Here is a brief description of the syllabus.

Medicine

Candidates are required to have a broad general knowledge of the key elements of accurate history taking; the interpretation of symptoms; the analysis of cardinal physical signs; proficient bed side examination and the competent interpretative skills necessary for clinical diagnosis. Addi-

tionally they should have adequate background knowledge of genetics, immunology, pharmacology, nutrition, social and environmental factors, occupational influences and the impact of environmental hazards due to physical and chemical agents.

Candidates will be expected to have a broad knowledge of the therapeutic principles of drug action, prime drug indications, side effects of pharmaceutical agents and a reasonable knowledge of the drugs used for common acute and chronic medical conditions.

Surgery

Candidates will be expected to be familiar with the basic physiology and biochemical processes in health and disease and to apply the underlying concepts, in association with anatomy and pathology principles, for the identification, investigation and treatment of surgical illnesses.

Candidates are expected to have sufficient knowledge of surgical problems in the gastrointestinal tract, vascular system, endocrine system, genitourinary system, neurological and locomotor systems, chest, head and neck, skin, connective tissue and limbs. The ability to discuss pre and postoperative care of the patient will be assessed and particular emphasis will be based on surgical infection, wound healing, nutrition, food and

electrolyte balance, haemorrhage, elective surgical management and the management of emergencies.

Candidates will be assessed on their ability to take a detailed medical history, the performance of a skilled physical examination, and the ability to elicit clinical signs in patients with surgical illness. The interpretation of radiological, biochemical and haematological investigations and the planning of further investigations and management will be assessed.

Obstetrics and Gynaecology

Candidates will be expected to have adequate knowledge of the physiology of normal pregnancy, labour, delivery and the puerperium, together with an insight into common disease states of the pregnant woman and the newborn infant and their investigation and treatment.

Candidates will be expected to have adequate knowledge of disturbances of reproductive function, including menstrual disorders, infertility, contraception and family planning, and genital infections. In addition, an understanding of the presentation, investigation and management of gynaecological malignant disease will be required.

Paediatrics

This syllabus will include congenital malformations, normal growth and development of children, assessment of handicap, nutrition, common infectious diseases, accidents and poisoning, non-accidental injury, function and diseases of the heart, lung, gastrointestinal tract, genitourinary tract, blood, central nervous system and skin.

Psychiatry

Candidates will be expected to have a broad knowledge of the theoretical and practical aspects of psychiatry including the clinical approach to the patient. The ability to elicit a comprehensive history and adequately assess the patient's mental state will be necessary.

Assessment may include personality development, organic psychiatric syndromes, schizophrenia, the affective disorders, the clinical neuroses, personality disorders, alcoholism and drug abuse, eating disorders, mental handicap, common childhood psychiatric disorders, psychosomatic disorders, forensic psychiatry, psycho sexual problems and common psychiatry.

An adequate knowledge of current treatment and management approaches to psychiatric illness, including physical, psychopharmacological and psychological treatments will be required.

Job Resources

Health Job Sites

Locumotion
Website: http://www.locumotion.com/

Medical Post
Website: http://www.medical-posts.com/

Irish Medical Times
Website: http://www.imt.ie/

Irish Medical News
Website: http://www.irishmedicalnews.ie/

BMJ
Website: http://www.bmj.com/

General Job Sites

JobsIreland
Website: http://www.jobsireland.com/

Associations

Royal Colleges

Royal College of Surgeons in Ireland
Website: http://www.rcsi.ie/

Royal College of Psychiatrists - Irish Division
Website: http://www.irishpsychiatry.com/

Royal College of Physicians of Ireland
Website: http://www.rcpi.ie/

Other Associations

Irish College of General Practitioners
Website: http://www.icgp.ie/

Association of Anaesthetists
Website: http://www.aagbi.org/

Irish Society of Occupational Medicine
Website: http://www.iol.ie/~isom/

Irish Society of Obstetric Anaesthesia
Website: http://www.coombe.ie/isoa.html

Irish Medical Organisation
Website: http://imo.healthnet.ie/

Intensive Care Medicine
Website: http://www.icmed.com/

Eastern Regional Health Authority
Website: http://www.erha.ie/Role/index.html

Southern Health Board
Website: http://www.shb.ie/

Southeastern Health Board
Website: http://www.sehb.ie/

Northwestern Health Board
Website: http://www.nwhb.ie/

Northeastern Health Board
Website: http://www.nehb.ie/

Healthcare Society
Website: http://www.mater.ie/hisi/hisi.htm

Irish Healthcare Agora
Website: http://www.ihca.net/

Health & Safety Authority
Website: http://www.hsa.ie/osh/welcome.htm

Department of Health
Website: http://www.doh.ie/

Immigration

We have provided basic immigration information. Complete details can be obtained from the web sites we have given at the end of this chapter.

Visa Free Countries

The nationals of the following countries do not require Visa.

- Andorra
- Antigua And Barbuda
- Argentina
- Australia
- Austria
- Bahamas
- Barbados
- Belgium
- Belize
- Bolivia
- Botswana
- Brazil
- Brunei
- Canada

- Chile
- Costa Rica
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Dominica
- El Salvador
- Estonia
- Fiji
- Finland
- France
- Gambia
- Germany
- Greece
- Grenada
- Guatemala
- Guyana
- Honduras
- Hong Kong
- Hungary
- Iceland

- Israel
- Italy
- Jamaica
- Japan
- Kiribati
- Korea (Republic of South)
- Latvia
- Lesotho
- Liechtenstein
- Lithuania
- Luxembourg
- Malawi
- Malaysia
- Malta
- Mauritius
- Mexico
- Monaco
- Nauru
- Netherlands
- New Zealand
- Nicaragua
- Maldives

- Norway
- Panama
- Paraguay
- Poland
- Portugal
- Saint Kitts & Nevis
- Saint Lucia
- Saint Vincent & The Grenadines
- San Marino
- Seychelles
- Singapore
- Slovenia
- Solomon Islands
- South Africa
- Spain
- Swaziland
- Sweden
- Switzerland
- Tonga
- Trinidad & Tobago
- Tuvala
- U.S.A.

- U.K. & Colonies
- Uruguay
- Vanuata
- Vatican City
- Venezuela
- Western Samoa
- Zimbabwe

Other Points

The granting of a visa for Ireland is only a form of pre-entry clearance. It does not mean that you are granted permission to enter Ireland.

With a visa you are only allowed to present yourself at the port of your arrival in Ireland. Immigration officers have authority to grant or deny your admission to the country.

You should always carry the original documents or copies of the documents that you have submitted with your application, because the immigration officers might ask to see them before they decide whether to allow your entry to Ireland.

A visa does not grant you permission to stay in Ireland. The date of validity on your visa indicates only the date before which you must present it

to an immigration officer. An immigration officer at the port of entry will then decide the length of your stay.

If you want to apply for an Irish visa you should do this through the Irish Embassy or Consulate in the country of your permanent residence. If there is no Irish Embassy or Consulate in the country where you permanently reside you can apply through any Irish Embassy or Consulate, through your referee in Ireland or directly by post to:

The Visa Office,

Physical and Postal Address
Department of Foreign Affairs,
69-71 St. Stephen's Green,
Dublin 2, Ireland,

Phone
Phone + 353 1 478 0822.

If you are granted a visa and you propose to stay in Ireland for longer than three months you will have to register with the Gardaí (police) in the area where you reside. This registration will in fact be your permission to reside.

On registration you will be given a Certificate of Registration (Green Book) and you will be expected to keep your residence permit up to date for the duration of your stay in Ireland.

Official Resources

- **Irish Embassies**
  Website: http://www.touchtel.ie/low/visitorsguide/irembassies.html
- **Department of Foreign Affairs**
  Website: http://www.irlgov.ie/iveagh/
- **Department of Justice**
  Website: http://www.justice.ie/

Accommodation

There are plenty of websites through which you can book accommodation online.

Accommodation Resources

Irish Accommodations
Website: http://www.transatlan.com/ireland/

Access Ireland
Website: http://www.visunet.ie/VisitorsGuide/

HotelsTravel.com
Website: http://www.hotelstravel.com/ireland.html

Irish Tourist Board
Website: http://www.ireland.travel.ie/home/

Mercer Court
Website: http://www.mercercourt.ie/

Celtic

Website: http://www.celtic-accommodation.ie/index.htm

USIT
Website: http://www.iol.ie/usitaccm/

B&B Homes
Website: http://www.family-homes.ie/

Useful Links

Health Links

Irish Medical Directory
Website: http://www.imd.ie/

General Links

Go Ireland
Website: http://www.touchtel.ie/

About Ireland

Geography

Ireland is located in Western Europe, occupying five-sixths of the island of Ireland in the North Atlantic Ocean, west of Great Britain. Geographic coordinates are 53 00 N, 8 00 W.

Total area is 70,280 sq. km

Climate is temperate maritime, modified by North Atlantic Current, mild winters, cool summers, humid and overcast about half the time

Natural resources are zinc, lead, natural gas, barite, copper, gypsum, limestone, dolomite, peat, silver

People

Population is around 3 million. When you refer nationality, you say

Irishman for man, Irishwoman for woman and Irish for collective plural.

The main ethnic groups are Celtic and English.

The commonly used languages are English, Irish and Gaelic.

Economy

Long form of the country name is Republic of Ireland and short form is Ireland. Data code is EI.

The country is made up of 26 counties.

Inflation rate is 2.2%.

The main industries are food products, brewing, textiles, clothing; chemicals, pharmaceuticals, machinery, transportation equipment, glass and crystal and software.

The main agriculture products are turnips, barley, potatoes, sugar beets, wheat; beef and dairy products.

Currency value is 1 Irish pound = 100 pence.

Exchange rate is 1 US$ = 0.9865 Irish pound.

Capital City is Dublin.

Although imperial measurement is still used in some cases, metric measurement is the most common in Ireland.

Canada

Overview

If you want to work in Canada, you need to complete two steps.

The first step is to get registered with the Medical Council of Canada and the second step is to get practice licence from appropriate medical licensing authority.

To get registered with the Medical Council of Canada, you must pass three examinations.

The chapter "Registration" tells you everything you need to know about the registration procedures. The chapter "Specialist Registration" hints at the procedure for Specialist Regisration.

The chapter "Medical Council" gives the contact details of Medical Council of Canada.

The chapter "Examination" explains the procedure and format for Canadian Registration Examinations. The chapter "Suggested Books" gives you a list of books recommended by the Medical Council of Canada for the examinations.

The chapter "Medical Licensing Autthorities" gives a list of Licensing Authorities.

The Chapter "Residency Programs" gives a brief description of CaRMS.

The chapter "Immigration" gives you the official immigration contact details and some basic facts.

The chapter "Associations" gives you contact information for various medical and general organisations.

The chapter "Job Resources" suggests some useful career related web-sites. Some sites are exclusively for health professionals. Others list both health and general jobs.

The chapter ''Accommodation" gives you a list of useful websites. You can use them to book your accommodation online in advance before your entry into Canada.

The chapter "Useful Links" gives a list of useful websites that can not be included in any other chapter. The chapter "About Canada" tells about some basic fact you must know about Canada.

Registration

To carry on medical practice in Canada, the Medical Council of Canada must license you.

In Canada, each provincial and territorial government is responsible for licensing doctors to practice medicine within its jurisdiction. The governments of the provinces and territories have mandated this responsibility to medical licensing authorities.

LMCC

The doctor registered with the Medical Council of Canada is called the Licentiate of the Medical Council of Canada (LMCC).

The LMCC does not confer licensure to practice medicine. Only the medical licensing authorities have the right to the issuance of such practice licences .

When the candidate has satisfied the various requirements imposed by the medical licensing authority, the final step towards licensure to practice is to submit an application to the Registrar of that medical licensing authority.

If the MCC Certificate of Registration (LMCC certificate) is required by that medical licensing authority, ensure that the LMCC certificate is returned to you for future use as this is the official confirmation by this Council.

IMG

Overseas Doctors are called International Medical Graduates.

The Medical Council of Canada defines an "International Medical Graduate" as

- a physician whose basic medical degree was conferred by a medical school located outside Canada and the United States, that is listed in WHO World Directory of Medical Schools,
- or a graduate from a USA School of Osteopathic Medicine accredited by the American Osteopathic Association.

When you register with the Medical Council of Canada you become the Licentiate of the Medical Council of Canada (LMCC).

This LMCC qualification is granted to an International Medical Graduate when he passes

- Evaluating Examination
- Qualifying Examination Part I
- Qualifying Examination Part II

- Completion of One Year Post Graduate Training

Evaluating Examination

This is the first step in seeking entry into Canada. The examination is conducted twice a year in many parts of the world.

It is a Multiple Choice Questions Examination.

There are no restrictions on number of attempts.

This is a pen and paper test.

We will discuss about the format and other details of Evaluating Examination later in the chapter Examinations.

Qualifying Examination Part I

This is a computer based test.

You have two components.

- Multiple Choice Questions
- Clinical Reasoning Skills Test

It is a one day test and conducted only in Canada.

We will discuss about the format and other details of Qualifying Examination Part 1 later in the chapter Examinations.

Qualifying Examination Part II

This consists of a series of clinical stations.

The test is conducted only in Canada.

The stations will present you simulated patients known as Standardized patients who are actors.

If you successfully complete this part, then you can apply for Registration.

We will discuss about the format and other details of Qualifying Examination Part II later in the chapter Examinations.

Post Graduate Training

The postgraduate medical training can be served anywhere in the world. Most of the overseas doctors would already have completed this required one year training.

Specialist Registration

Candidates who possess speciality certification are not exempted from the QE Part I and Part II to obtain the LMCC and enrolment in the Canadian Medical Register.

Medical Council's Role

The Council has no role in the certification or registration of physicians as specialists.

Whom to Contact

Inquiries about the training and certification of specialists should be made to the following authorities:

- **The Director of Training and Education**
  The Royal College of Physicians and Surgeons of Canada
- **The Director of Training and Education**
  The College of Family Physicians of Canada
- **The medical licensing authority**
  Jurisdiction concerned

Medical Council

Medical Council of Canada

Postal Address
Medical Council of Canada
PO Box 8234, Station T,
Ottawa, Ontario
Canada K1G 3H7

Courier Address
Medical Council of Canada,
2283 St. Laurent Blvd Suite 100,
Ottawa, Ontario
Canada K1G 5A2

Phone/Fax
Telephone (613) 521-6012
Fax (613) 521-9417

Website Address
Website: http://www.mcc.ca/

Examinations

Evaluating Examination

Without exception, for eligibility to sit the Qualifying Examination Part I, all IMGs must have passed the Evaluating Examination.

The department of Citizenship and Immigration Canada will allow you into Canada only if you show proof of having passed the Evaluating Examination.

Canadian educational institutions has set the pass in evaluating examination as a prerequisite for entry into further training programs in Canada.

Exemption

Only physicians who are graduates of medical schools in the United States which have been accredited by the Liaison Committee on Medical Education (LCME) are exempt from the requirement of success in the Evaluating Examination.

Graduates from US schools of Osteopathic Medicine are not exempt from writing the Evaluating Examination.

The Evaluating Examination is conducted twice each year usually in March and September.

It is a one-day examination given on the same day throughout the world in morning and afternoon sessions. It is given in English or in French.

The examination is designed only as an evaluation of the candidate's knowledge of the principal fields of

- Medicine, including Internal Medicine
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Preventive Medicine and Community Health
- Surgery.

Most of the questions are chosen to elicit information on the clinical knowledge of the candidates in these general areas of medicine.

Some questions on basic medical sciences as applied to the clinical sciences are also included, as they apply to medical practice in Canada.

Requirements

The educational requirements to enter the examination are as follows:

(a) All candidates must have completed, by the application deadline date all didactic and practical requirements to obtain the final qualification of Doctor of Medicine, or equivalent qualification, from the university which granted their medical degree.

(b) Candidates from a USA School of Osteopathic Medicine must have graduated from a school accredited by the American Osteopathic Association.

Examination Centres

International centres

- London
- Paris
- Riyadh
- Hong Kong
- Tokyo
- Muscat

Canadian Centres

- Vancouver
- Saskatoon
- Toronto

- Montreal
- Halifax

Attempts

There is no limit to the number of times a candidate may write the Evaluating Examination.

If you are making a repeat attempt, the application procedure is very simple.

Scoring

A candidate receives a score of one point for each correct answer.

There is no penalty for answering incorrectly. So, many candidates try their luck with guesswork.

A candidate's final score is based on the total number of correct answers.

Examination Format

- The examination consists of approximately 324 multiple-choice items.
- These test items are administered in two sessions, each of 3½ hours duration.

- All test items consist of a question or incomplete statement followed by five suggested answers or completions.
- Directions are given in the examination booklets for the completion of answer sheets.
- All test questions have a stem and five options, of which only one is correct.

Copy of the MCQ Practice Examination can be purchased from the medical council. Another useful publication is Objectives for the Qualifying Examination.

Qualifying Examination Part I

The Qualifying Examination Part I is a one-day computer-based test (CBT) consisting of morning and afternoon sessions.

The candidate is allowed three and one-half (3½) hours to complete the multiple-choice question portion, which has 196 questions.

Four (4) hours are allowed for the clinical reasoning skills (CRS) portion, which consists of short-menu and short answer write-in questions. The CRS portion consists of approximately 30-33 cases, each with from 1-4 questions, for a total of from 78-88 questions.

Normal values for clinical laboratory tests are provided on-line during both portions.

The questions appearing on the screen are in a different order and selected specifically for each candidate.

The examination may contain questions that are being pre-tested for use in future examinations. Performance on these questions will not be counted in your score.

Eligibility

To be eligible for the QE Part I, a candidate must:

- be a graduate from a medical school not accredited by CACMS/LCME but listed in the WHO Directory, or be a graduate of an Osteopathic medical school in the USA accredited by the American Osteopathic Association, and
- hold a valid pass standing on the Evaluating Examination as prescribed by the Council. The period of validity for the pass standing on the Evaluating Examination is five years.

Examination Centres

There are no examination centres outside of Canada.

The centres in Canada are:

- Vancouver
- London
- Montreal
- Calgary
- Hamilton
- Sherbrooke
- Edmonton
- Toronto
- Quebec City
- Saskatoon
- Kingston
- Halifax
- Winnipeg
- Ottawa
- St. John's

Format - MCCQE Part I

The Medical Council of Canada Qualifying Examination Part 1 is known as MCCQE Part I.

The MCCQE Part I will be administered via a computer.

In extraordinary circumstances beyond the control of the Medical Council, such as a power outage, computer malfunction or network difficulty, it may occasionally be necessary to reschedule a candidate. While this should not happen often, the candidate needs to be prepared for this possibility.

Those candidates travelling to Canada on a travel visa for the sole purpose of sitting this examination need to plan accordingly.

Multiple-Choice Questions Component (MCQ)

The MCQ component consists of 7 sections of 28 questions each for a total of 196 questions.

The maximum time allotted for this component is 3½ hours.

Test items, which appear in the multiple-choice questions component, have a stem and five options, of which only one is correct. You select an option by clicking the circle next to the option or by simply clicking on the text of the option.

You can change your answer to a question by selecting a different option.

There is no penalty for incorrect answers, so it is to your advantage to answer all the questions in each section.

Once you have submitted your answers to a section, you will not be allowed to return to that section.

Some test items will have pictorial material presented in the form of photographs, diagrams, xrays, electrocardiograms, and graphic or tabulated material.

Clinical Reasoning Skills Component (CRS)

The CRS component consists of approximately 30-33 cases, each with from 1-4 questions, for a total from 78-88 questions.

The maximum time allotted for this component is 4 hours.

This test is designed to assess problem-solving and clinical decision-making skills. You will be presented with case descriptions followed by one or more test questions, which assess key issues in the resolution of the case.

You may be asked to elicit clinical information, order diagnostic procedures, make diagnoses, or prescribe therapy. Your decisions should reflect the management of an actual patient.

This component uses questions in short-menu and write-in formats.

A short-menu question is similar to a multiple-choice question. However, instead of presenting a list of five possible answers, a short-menu question typically offers a list of 10 to 40 options.

The total number of options for the question is indicated in parentheses after the question. You may be asked to select only one of these options, select up to a specified number, or select as many as are appropriate.

When working on a short-menu question, you select and deselect options by clicking the checkbox next to the option or by simply clicking on the text of the option.

Each time you select or deselect an option, the number of options currently selected for that question is displayed on-screen.

If you supply more answers than the maximum specified, the entire question is marked as 0. For example, if the question specifies "Select up to three" and you select four answers, the entire question will be marked as zero (0), even if three options are correct.

You are responsible for ensuring that the number of answers you select conforms to any maximum specified.

A write-in question asks you to supply your answer in writing, in contrast to selecting it from a list. To ensure that your write-in answers receive the maximum credit possible, follow these rules:

- Type your responses.
- Record only one response on each of the lines provided on the screen. If a question instructs you to "List four diagnoses," four lines will be provided on the screen, one for each response. Writing more than one response on a line will result in your answer being marked incorrect.
- Be specific. For example, "thyroid disease" is an unacceptable diagnostic response when "hyperthyroidism" is the correct diagnosis.
- If you are asked to list drugs or medications, use generic names. Read such questions carefully to determine if you are also required to specify route of administration and dosage.
- Word your responses carefully. Correct answers consist of single words or short phrases.

The instructions for each question are different. It is essential that these instructions be followed, as they are encompassed in the scoring criteria for the question.

Some questions specify the exact number of responses to be typed in or selected (e.g., "List only one"). Strictly adhere to the number indicated.

Exceeding the number of responses requested will result in your answer being marked incorrect, even if your responses include the intended answer(s).

Some questions place an upper limit on the number of responses to be typed in or selected (e.g., "Select up to six"). Do not exceed that number of responses. You are not compelled to select or list that number of responses.

A question instructing you to "Select up to six" may have a correct answer consisting of only three or four responses. Always avoid building your answer up to the permitted number of responses (e.g., six responses) since this presents the risk of selecting responses, which may penalize you (e.g., inappropriate investigations or treatments).

The number of responses should be dictated only by what you would do in the actual clinical situation.

Some questions leave it to your judgment to type in or select as many responses "as are appropriate." Write-in questions with this instruction will always provide you with ten lines.

Again, what you deem to be the "appropriate" number should be dictated only by what you would do in the actual clinical situation. You

should not be tempted to provide an excessive number of responses in an effort to ensure that you have included the correct response.

The scoring keys for this type of question guard against this practice in two ways: (1) by setting limits on the maximum number of responses acceptable (e.g., an excessive number of responses may imply that you would over-investigate a patient), and (2) by penalizing inappropriate responses.

Qualifying Examination Part II

MCCQE II is the short form of the Medical Council of Canada Qualifying Examination Part II.

Eligibility

To be eligible for the Qualifying Examination Part II, a candidate must:

- Have successfully completed the Medical Council of Canada Qualifying Examination Part I.
- Submit evidence in the appropriate form that the candidate has satisfactorily completed at least 12 months of postgraduate medical training.

The examination is approximately two and one-half (2½) hours long with additional time allocated to orientation and breaks.

Candidates will be required to function in a simulated clinical situation, therefore, they are responsible for bringing their own white laboratory coat and a diagnostic kit, i.e., stethoscope, ophthalmoscope, otoscope and reflex hammer.

OSCE Organization

The MCCQE II is comprised of a series of clinical stations.

At each station, candidates are expected to interact with a Standardized Patient similarly to how they interact with actual patients.

The task for each clinical station may be taking a history, conducting a physical examination, making initial management decisions and/or addressing issues raised by the patient.

A physician examiner observes the interaction and scores candidates' performance according to the checklists developed by the OSCE Test Committee.

In addition, candidates may be asked to answer specific questions about the patient; e.g., to interpret x-rays and/or the results of other investigations, to make a diagnosis, and/or to write admission orders.

Examination Centres

There are no examination centres outside of Canada.

The centres in Canada are:

- Vancouver
- London
- Montreal
- Calgary
- Hamilton
- Sherbrooke
- Edmonton
- Toronto
- Saskatoon
- Kingston
- Halifax
- Winnipeg
- Ottawa
- St. John's

Scoring

The Qualifying Examination Part II is scored independently of the Qualifying Examination Part I; i.e., the scores are not combined for the purpose of awarding the "Licentiate of the Medical Council of Canada" (LMCC).

The candidate must pass both Part I and Part II to become LMCC..

The purpose of the Objective-Structured Clinical Examination (OSCE) is achieved by using standardized guidelines for the administration of the examination, training of physician examiners, training of standardized patients, and using predetermined station content checklists.

OSCE scores given to the candidate are granted by physician examiners on the basis of the candidate's performance at each station. The total score for the examination is the sum of the station scores.

A candidate must achieve a predetermined score overall as well as pass a set number of stations. The predetermined Pass/Fail cut point scores are set by the Examination Board.

These cut points may vary from year to year and from examination to examination, depending on the difficulty and content of any examination.

In awarding the final standing on the Examination, the Central Examination Committee also considers any observations made by the physician-examiner at each of the stations with regard to each candidate's approach to the patient.

Candidates are expected to demonstrate ethical skills and behaviour appropriate for a physician entering independent practice.

Format of OSCE

In the examination, candidates rotate through a series of stations. In each station, a brief written statement introduces a clinical problem and directs the candidate to appropriately examine a Standardized Patient (i.e., obtain a focused history or conduct a focused physical examination) and, in some cases, to respond to a series of written questions relating to the patient examination.

In the patient examination stations, candidates are observed and evaluated by Physician Examiners using predetermined checklists.

The reliability of the examination relies on several factors:

- Orientation of the Physician Examiners.
- Use of carefully constructed and extensively reviewed checklists.

- Use of Standardized Patients trained to consistently and effectively present appropriate histories or to portray appropriate clinical signs and symptoms in a believable manner.
- Competent analysis of test results to ensure the test's psychometric integrity.

All aspects of the operation of each test site are monitored to ensure that the administration of the examination is standardized throughout the examination network.

OSCE Stations

There are two types of stations:

- Couplet Stations
- Ten-Minute Stations

Couplet Stations

Each couplet station consists of a Five-minute Clinical Encounter and a Five-minute Post-Encounter Probe.

Five Minute Clinical Encounter

The candidate may be requested to obtain a focused relevant history or conduct a focused physical examination while being observed by a Physi-

cian Examiner who uses a standardized checklist to assess each candidate's performance.

After 4½ minutes, there is a warning buzzer. At 5 minutes, a buzzer indicates the end of the station and the candidate proceeds to the next component of the couplet station.

As each candidate leaves the room, the Physician Examiner hands them the written questions to be answered in the next station.

Candidates are not allowed to leave the room until the final buzzer is sounded. There is a 1-minute change over period between each station.

Five Minute Post-Encounter Probe

Each 5-minute history-taking or physical examination station is followed by a 5-minute WRITTEN station called the Post-Encounter Probe (PEP).

The questions are in a short-answer write-in format.

Candidates are requested to do one or more of the following:

- Record their findings from the previous station.
- Suggest a differential diagnosis.
- Interpret x-rays, computed tomography images and other types of laboratory results.
- Suggest an investigation or management plan.

No Physician Examiner is present during the Post Encounter Probe.

Ten Minute Stations

Ten-minute stations assess the candidate's ability to obtain a history and/or conduct a physical examination, to demonstrate interviewing and communication skills, or to apply management skills.

These stations are structured for the candidate to interact with the Standardized Patient for 10 minutes; or for 9 minutes, followed by a 1 minute period in which the Physician Examiner asks the candidate one to three brief questions related to the case being presented.

Physician Examiners observe the encounter and use a standardized checklist to assess each candidate's performance.

A buzzer sounds when 1 minute remains in the station. Then, at 10 minutes, the buzzer sounds again to indicate the end of the station and the candidate leaves the room. Candidates are not allowed to leave the room until the final buzzer is sounded.

There is a 2-minute change over period between each 10-minute station.

Suggested Books

We have given the complete list of books recommended by the Medical Council of Canada. Most of them are for reference purpose. Do not spend too much time on reference books.

Books for Evaluating Examination

MEDICINE

Textbook of Medicine
Bennett, J.C., and Plum, F., (eds.)

The Canadian Guide to Clinical Preventive Health Care
Health Canada

CDC Prevention Guidelines. A Guide to Action
Friede, A. (eds.)

Principles of Internal Medicine
Harrison, T.R. (eds.)

Canadian STD Guidelines

Health Canada

Evidence-based Medicine: How to Practice and Teach EBM
Sackett, D., Richardson, W.S., Rosenberg, W., Haynes, B.

Scientific American Textbook of Medicine and CD-ROM
Various

Emergency Medicine - A Comprehensive Study Guide
Tintinalli, J., (eds.),

Washington Manual of Medical Therapeutics.
Various

OBSTETRICS AND GYNAECOLOGY

Current Obstetrics & Gynaecology Diagnosis & Treatment
DeCherney, A.H., Pernoll, M.L.,

Obstetrics: Normal and Problem Pregnancies
Gabbe, S.G., et al. (eds.),

Essentials of Obstetrics and Gynaecology.
Hacker, N.F., Moore, J.G.,

Comprehensive Gynaecology, Mosby
Herbst, A.L., et al. (eds.),

Novak's Textbook of Gynaecology,
Jones, W., et al. (eds.),

The Principles and Practice of Clinical Gynaecology
Kase, N.G., and Weingold, A.B.,

Pocket Guide to the Essentials of Diagnosis and Treatment
Lawrence, M., Tierney, Jr., et al.,

Clinical Gynaecologic Endocrinology and Infertility
Speroff, L., Glass, R.H., and Kase, N.G.,

William's Obstetrics.
Williams, et al. (eds.),

PEDIATRICS

Nelson Textbook of Paediatrics
Behrman, R.E., et al. (eds.),

Nelson Essentials of Paediatrics
Behrman, R.E., and Kleigman, R.,

Current Paediatric Diagnosis and Treatment
Hay, W.H., et al. (eds.),

Primary Paediatric Care
Hoekelman, R.A., et al.,

Principles and Practice of Paediatrics.
Oski, J.

Report of the Committee on Infectious Disease
Peter, G., et al. (eds.),

Rudolph's Paediatrics,
Rudolph, A.M., et al. (eds.)

Rudolph's Fundamentals of Paediatrics,
Rudolph, A.M., et al. (eds.),

Preventive Medicine/Community Health

Clinical Epidemiology: The Essentials
Robert H., Md Fletcher

Control of Communicable Diseases in Man
American Public Health Association

Public Health and Preventive Medicine
Kenneth Fuller Maxcy(Ed),

Public Health and Human Ecology
John M. Last

Epidemiology An Introductory Text
Mausner, J.S., and S. Kramer,

Canadian Immunization Guide
Health Canada,

Occupational Medicine, Occupational Health Notes
Lees, R.E.M.,

PSYCHIATRY

Diagnostic and Statistical Manual of Mental Disorders
American Psychiatric Association

Basic Child Psychiatry, Crosby
Barker, P.,

Clinical Handbook of Psychotropic Drugs, Hogrefe & Huber
Bezchlibnyk-Butler, K. Jeffries, J.

Reviews in Child and Adolescent Psychiatry
Dulcan, M.K.,

Essentials of Clinical Geriatrics
Kane, Suslander, Abrass,

Comprehensive Textbook of Psychiatry
Kaplan, H.I., and Sadock, B.J., (eds.),

Synopsis of Psychiatry
Kaplan, H.I., Sadock, B.J., and Grebb, J.A.,

Synopsis of Psychiatry: Behavioural Sciences and Clinical Psychiatry.
Kaplan, H.I., and Sadock, B.J., (eds.),

Synopsis of Psychiatry: Study Guide/Self-Examination Review.
Kaplan, H.I., and Sadock, B.J., (eds.),

Managing Mental Health and Problems: A Practical Guide for Primary Care
Kates, N., and Craven, M.,

Textbook of Psychiatry, American Psychiatric Press,

Hales et al.,

Psychotropic Drugs, Fast Facts
Maxmen, J.S., and Ward, N.G.,

The Harvard Guide to Psychiatry,
Nicholi, A.M.,

Textbook of Consultation - Liaison Psychiatry
Rundell et al.,

Clinical Psychiatry for Medical Students
Stoudemire, A.,

Textbook of Psychiatry.
Talbott, J., Hales, R., and Yudofsky, S.,

Textbook of Neuropsychiatry
Yudofsky, S.C., and Hales, R.E.,

SURGERY

Principles and Practice of Surgery
Forrest, A.P.M., et al. (eds.),

Essentials of Surgical Specialities
Lawrence, P.F.,

Bailey & Love's Short Practice of Surgery
Mann, C.V., Russell, R.C.G., Williams

Oxford Textbook of Surgery
Morris, P.J., and Malt, R.A.,

Textbook of Surgery: The Biological Basis of Modern Surgical Practice,
Sabiston, D.C.,

Textbook of the Disorders and Injuries of the Musculo-Skeletal System,
Salter, R.B.,

Principles of Surgery
Schwartz, S.I., et al. (eds.)

Current Surgical Diagnosis & Treatment
Scientific American, (on CD-ROM) Way, L.E.,

Books for Qualifying Examination I

GENERAL

- Objectives for the Qualifying Examination
- Medical Council of Canada.
- Multiple-Choice Question (MCQ) Practice Examination
- Medical Council of Canada.

MEDICINE

Textbook of Medicine
Bennett, J.C., Plum, F., (eds.),

Harrison's Principles of Internal Medicine
Fauci, A.S., et al (eds.),

OBSTETRICS AND GYNECOLOGY

Williams Obstetrics,
Cunningham, F.G., et al (eds.),

Novak's Textbook of Gynecology
Jones, W., et al (eds.),

PEDIATRICS

Nelson Textbook of Paediatrics.
Behrman, R.E., et al (eds.),

Rudolph's Paediatrics
Rudolph, A.M., et al (eds.),

PSYCHIATRY

Comprehensive Textbook of Psychiatry,
Kaplan, H.I., Sadock, B.J. (eds.),

SURGERY

Textbook of Surgery: The Biological Basis of Modern Surgical Practice
Sabiston, D.C.,

Principles of Surgery
Schwartz, S.I., et al (eds.),

Books for Qualifying Examination II

GENERAL

Objectives for the Qualifying Examination
Medical Council of Canada

MEDICINE

Textbook of Medicine
Bennett, J.C., Plum, F., (eds.),

Harrison's Principles of Internal Medicine
Fauci, A.S., et al (eds.),

OBSTETRICS AND GYNECOLOGY

Williams Obstetrics
Cunningham, F.G., et al (eds.),

Novak's Textbook of Gynecology
Jones, W., et al (eds.),

PEDIATRICS

Nelson Textbook of Paediatrics
Behrman, R.E., et al (eds.),

Rudolph's Paediatrics.

Rudolph, A.M., et al (eds.),

PSYCHIATRY

Comprehensive Textbook of Psychiatry
Kaplan, Sadock, (eds.),

SURGERY

Textbook of Surgery: The Biological Basis of Modern Surgical Practice
Sabiston, D.C.,

Principles of Surgery
Schwartz, S.I., et al (eds.),

EPIDEMIOLOGY/STATISTICS

Chronic Disease Epidemiology and Control,
Brownson et al.,

Clinical Epidemiology: The Essentials
Fletcher, R.H., Fletcher, S.W., and Wagner, E.H.

Epidemiology - An Introductory Text.

Mausner, J.S., and Kramer, S.,

Clinical Epidemiology: A Basic Science for Clinical Medicine,
Sackett, D.L., Haynes, R.B., Guyatt, G.H., Tugwell, D.,

Medical Licensing Authorities

Newfoundland Medical Board
139 Water Street, Unit 6,
St. John's NF A1C 1B2
Tel: (709) 726-8546
Fax: (709) 726-4725

College of Physicians & Surgeons of Prince Edward Island
Polyclinic Professional Centre
199 Grafton Street, Charlottetown PE C1A 1L2
Tel: (902) 566-3861
Fax: (902) 566-3861

College of Physicians and Surgeons of Nova Scotia
Sentry Place, 1559 Brunswick Street, Suite 200
Halifax NS B3J 2G1
Tel: (902) 422-5823
Fax: (902) 422-5035
Website: http://www.cpsns.ns.ca

College of Physicians & Surgeons of New Brunswick
1 Hampton Road, Suite 300,

Rothesay NB E2E 5K8
Tel: (506) 849-5050
Fax: (506) 849-5069
Website: http://www.cpsnb.org

Collège des médecins du Québec
2170, boul. René-Lévesque Ouest
Tel: (514) 933-4441
Fax: (514) 933-3112
Montréal PQ H3H 2T8
Website: http://www.cmq.org

College of Physicians & Surgeons of Ontario
80 College Street, Toronto ON M5G 2E2
Tel: (416) 967-2600
Fax: (416) 961-3330
Website: http://www.cpso.on.ca

College of Physicians & Surgeons of Manitoba
494 St. James Street
Winnipeg MB R3G 3J4
Tel: (204) 774-4344
Fax: (204) 774-0750

Website: http://www.umanitoba.ca/colleges/cps

College of Physicians & Surgeons of Saskatchewan
211-4th Avenue South
Saskatoon SK S7K 1N1
Tel: (306) 244-7355
Fax: (306) 244-0090
Website: http://www.quadrant.net/cpss

College of Physicians & Surgeons of Alberta
900 Manulife Place, 10180 - 101 Street
Edmonton AB T5J 4P8
Tel: (780) 423-4764
Fax: (780) 420-0651
Website: http://www.cpsa.ab.ca

College of Physicians & Surgeons of British Columbia
807 West 10th Avenue
Vancouver BC V6J 2A9
Tel: (604) 733-7758
Fax: (604) 733-3503
Website: http://www.cpsbc.bc.ca

Professional Licensing
Department of Health and Social Services,
Govt of NWT, 8th Floor, Centre Square Tower
P.O. Box 1320, Yellowknife NT X1A 2L9
Tel: (867) 920-8058
Fax: (867) 873-0281

Department of Justice
Consumer Services
Government of Yukon
Andrew A. Philipsen Law Centre, 2134 – 2nd Ave, 3rd Floor
P.O Box 2703, Whitehorse YT Y1A 5H6
Tel: (867) 667-5811
Fax: (867) 667-3609

Residency Programs

The comprehensive information on the residency matching program can be obtained from Canadian Resident Matching service (CaRMS) which is an extremely useful site for International Medical Graduates.

CaRMS
Website: http://www.carms.ca/main.htm

The annual residency program matching occurs in two iterations.

The first Match includes primarily the medical students graduating from Canadian medical schools.

The second Match includes the students who were not matched in the first Match, together with graduates of foreign medical schools (IMG) and graduates of U.S. and Canadian medical schools who were unsuccessful in the previous years.

After the Residency Match results for the first iteration were announced in mid-March, the unfilled positions are entered into the second iteration of the Residency Match.

The match results for the second iteration are announced at the end of March.All successful placements of international medical school graduates through the Match have occurred in the Second Iteration.

The outcome of the second iteration will depend on a number of factors:

- the number of candidates who remain unmatched after the first iteration of the match who choose to enter the second iteration
- the number of positions being offered in the second iteration and
- future policies affecting postgraduate training.

Requirements for CaRMS

Graduates of international medical schools who apply to register with CaRMS must meet one of the following requirements:

- An IMG must have written and passed the Medical Council of Canada Evaluating Examination (MCCEE) within the prior five year period
- you must have received an extension to the 5-year validity period for your pass standing on the Medical Council of Canada Evaluating Examination by the Medical Council of Canada; OR
- have written and passed Part I of the Medical Council of Canada Qualifying Exam; OR

- be registered for the next immediate MCCEE, with written confirmation from the Medical Council of Canada.

In most provinces you must be a landed immigrant/Canadian citizen to obtain postgraduate training in a Ministry of Health funded position. Non funded posts may or may not have this criteria.

The Individual provinces may have their own restrictions and requirements for the residency programs. The Canadian Resident Matching service (CaRMS) provides more detailed information.

Immigration

Most of the IMG's are either permanent residents or citizens of Canada or USA or may be eligible for permanent residency.

But there are provisions for IMG to enter Canada to under go post graduate training but it should be noted these opportunities are limited.

There are three classes through which an individual can apply for immigration to live permanently.

- The family class -- you must have a close relative living in Canada who has legally promised to give you financial help.
- The refugee and humanitarian class -- applicants in this class are admitted under special rules.
- The independent and other class -- you can apply on your own, with or without the financial help of relatives in Canada.

Everyone who applies is assessed and chosen by the same standards. These standards show how well a person can adjust to Canadian life and settle successfully.

Except for refugees and members of the Family Class, everyone is assessed on a point system. Points are given for various things:

- education

- job training
- work experience
- occupation
- arranged employment
- age
- demographic factor
- ability to communicate in either English or French
- personal suitability
- having a relative living in Canada

In most provinces you must be a landed immigrant/Canadian citizen to obtain postgraduate training in a Ministry of Health funded position. Non funded posts may or may not have this criteria. The Individual provinces may have their own restrictions and requirements for the residency programs.

Official Resources

Citizenship and Immigration Canada
Website: http://cicnet.ci.gc.ca/

ACIC
Website: http://www.russcanada.com/

Associations

Medical Associations

- **Association of Canadian Medical Colleges**
  Website: http://www.acmc.ca/
- **Canadian Medical Association**
  Website: http://www.cma.ca/
- **Canadian Information Centre for International Credentials**
  Website: http://www.cicic.ca/
- **Canadian Resident Matching Service**
  Website: http://www.carms.ca/main.htm
- **College of Family Physicians of Canada**
  Website: http://www.cfpc.ca/
- **College of Physicians & Surgeons of Alberta**
  Website: http://www.cpsa.ab.ca/
- **College of Physicians & Surgeons of Manitoba**

Website: http://www.umanitoba.ca/colleges/cps/_College/index.html

College of Physicians and Surgeons of New Brunswick
Website: http://www.cpsnb.org/

College of Physicians and Surgeons of Nova Scotia
Website: http://www.cpsns.ns.ca/

College of Physicians & Surgeons of Ontario
Website: http://www.cpso.on.ca/

Collège des médecins du Québec
Website: http://www.cmq.org/

Federation of State Medical Boards
Website: http://www.fsmb.org/

Royal College of Physicians and Surgeons of Canada
Website: http://rcpsc.medical.org/

Canadian Association of Interns
Website: http://www.cair.ca/

Job Resources

Here you can find useful job related websites. Some of them are exclusively for health related jobs. Others list all jobs including Medical jobs.

Health Job Sites

- **Resident Matching Service**
  Website: http://www.carms.ca/main.htm
- **Physician Job Search**
  Website: http://www.physicianjobsearch.com/
- **Medical Practice in Saskatchewan**
  Website: http://mdopportunity.org/
- **Health Services**
  Website: http://www.hlthss.gov.nt.ca/careers/
- **HireHealthCare**
  Website: http://www.hirehealthcare.com/
- **HealthJobsite**

Website: http://www.healthjobsite.com/

MedHunters Canada
Website: http://www.medhunters.com/region/Canada.html

Medical Job Listing
Website: http://www.cableregina.com/business/geodetic/medical.html

General Job Sites

JobPostings
Website: http://www.jobpostings.ca/

Worksite Canada
Website: http://www.worksitecanada.com/jobs.html

Monster Canada
Website: http://english.monster.ca/

Head Hunter
Website: http://www.headhunter.net/

Career Bookmarks

Website: http://careerbookmarks.tpl.toronto.on.ca/

Canadian Jobs
Website: http://www.canadianjobs.com/

Electronic Labour Exchange
Website: http://www.ele-spe.org/

Job Futures
Website: http://jobfutures.ca/doc/jf/index.shtml

Work Infonet
Website: http://www.workinfonet.ca/

Accommodation

Here we have provided some useful websites that will be helpful in booking rooms before you enter Canada.

Online Resources

- **Hostelling In Canada**
  Website: http://www.hostellingintl.ca/
- **Bed & Breakfast Info Canada**
  Website: http://www.bandbinfo.com/
- **BBCanda**
  Website: http://www.bbcanada.com/
- **InnCanada**
  Website: http://www.inncanada.com/
- **YMCA Canada**
  Website: http://www.ymca.ca/
- **Stay Canada**

Website: http://www.stay-canada.com/

Backpackers Canada
Website: http://www.backpackers.ca/

Useful Links

We have provided general and medical links that will be useful but cannot be included in other chapters, if you want to know more about or work in Canada.

Health Links

Health Canada
Website: http://www.hc-sc.gc.ca/

Healthy Canadian
Website: http://www.healthycanadian.com/

General Links

Yahoo Canada
Website: http://ca.yahoo.com/

Yahoo Auctions
Website: http://ca.auctions.yahoo.com/

eBay Canada

Website: http://www.ebay.ca/

Alta Vista Canada
Website: http://www.altavista.ca/

Canada.com
Website: http://www.canada.com/

Excite Canada
Website: http://www.excite.ca/

YellowPages Canada
Website: http://www.yellowpages.ca

About Canada

A land of vast distances and rich natural resources, Canada became a self-governing dominion in 1867 while retaining ties to the British crown.

Canada is the second largest country in the world.

Economically and technologically the nation has developed in parallel with the US, its neighbour to the south across an unfortified border.

Geography

Canada is located at north of North America, bordering the North Atlantic Ocean and North Pacific Ocean, north of the conterminous US. Geographic coordinates are 60 00 N, 95 00 W

Total area is 9,976,140 sq. km.

Canada is an immense country with a vast range of climatic conditions. Climate varies from temperate in south to subarctic and arctic in north.

The Pacific Coast has temperate conditions. From the Rocky Mountains to the Great Lakes region, winters are long and cold and summers short and hot, with little rain. In central Canada, summer is hot and humid and winter tends to be very cold with much snow.

Natural resources are iron ore, nickel, zinc, copper, gold, lead, molybdenum, potash, silver, fish, timber, wildlife, coal, petroleum, natural gas and hydropower.

Natural hazards are continuous permafrost in north and cyclonic storms form east of the Rocky Mountains.

People

Nearly 90% of the population is concentrated within 160 km of the US/Canada border. 77% of the population is concentrated in large urban areas.

Total Population is 31 millions.

English and French are the official languages.

Nationality is known as Canadian(s).

Ethnic groups are British Isles origin 28%, French origin 23%, other European 15%, Amerindian 2% and others 32% .

Economy

As an affluent, high-tech industrial society, Canada today closely resembles the US in its market-oriented economic system, pattern of production, and high living standards.

Inflation rate is 1.7%. Unemployment rate is 7.6%.

Industrial products are processed and unprocessed minerals, food products, wood and paper products, transportation equipment, chemicals, fish products, petroleum and natural gas

Agriculture products are wheat, barley, oilseed, tobacco, fruits, vegetables, dairy products, forest products and fish

Currency System is Canadian dollar (Can$) = 100 cents

Exchange rates is Canadian dollars (Can$) per US$1 - 1.4489.

The provinces are British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Newfoundland, New Brunswick, Nova Scotia, Prince Edward Island.

Country Code is CA.

Capital CIty is Ottawa.

Major Cities are Vancouver, London, Montreal, Calgary, Hamilton, Edmonton, Toronto, Quebec City, Halifax, Winnipeg and Ottawa.

International Airports are in Vancouver, Montreal, Ottawa, Toronto and Calgary.

Weights and Measures system is Metric system. However, Imperial and US measures are also found.

Electricity Supply system is 120 - 240V AC (mostly 120V), 60 cycles.

Australia

Overview

The chapter "Registration" tells you everything you need to know about the registration procedures. The chapter "Overseas Trained Specialist"describes the registration procedure for specialists.

The chapter "Medical Council" gives the contact details of Australian Medical Council.

The chapter "Examination" explains the procedure and format for Australian Medical Council Examination. The chapter "Suggested Books" gives a list of books recommended by the Medical Council for the examination.

The chapter "Medical Boards" gives the statewise classification of Medical Boards. The chapter "Hospitals" gives a list of some hospitals.This list will be very useful in contacting hospitals to find out training and job positions.

The chapter "Job Resources" suggests some useful career related websites. Some sites are exclusively for health professionals. Others list both health and general jobs.

The chapter "Immigration" gives you the official immigration contact details and private contact details.

The chapter "Associations" gives you contact information for various medical and general organisations.

The chapter ''Accommodation" gives you a list of useful websites. You can use them to book your accommodation online in advance before your entry into Australia.

The chapter "Useful Links" gives a list of useful websites that can not be included in any other chapter. The chapter "About Australia" tells about some basic fact you must know about Australia.

Registration

Registration of Medical Practitioners is done by the State and Territory Medical Boards.

The registration of medical practitioners in Australia is a State responsibility. It is not centralised. It is regulated by separate legislation in each State and Territory. The Medical Boards are the designated legal authorities.

Australian Medical Council does not have the authority to register doctors. But, it assesses overseas trained medical doctors who wish to practise medicine in Australia.

All the States and Territories have adopted uniform minimum requirements for initial registration as a medical practitioner.

Types of Registration

There are two standard registration categories:

- Registration Without Conditions
- Registration With Conditions

Registration Without Conditions

Registration Without Conditions is fully portable across states and territories in Australia.

Fully portable means a medical practitioner who has full or unconditional registration in one State or Territory is eligible for registration to practise in another State or Territory. This is possible because of Mutual Recognition.

Under Australian laws, there is a process of reciprocal recognition of registration of the qualifications of a medical practitioner who is registered in another jurisdiction. This is known as mutual recognition

Eligibility

Registration Without Conditions is available

- to graduates of Australian Medical Council -accredited Australian or New Zealand Medical Schools. They must have completed an approved period of intern training.
- to doctors whose primary medical qualifications were obtained overseas. They should have passed the Australian Medical Council examination and have completed a period of approved supervised training, as determined by the relevant Medical Board.

Registration With Conditions

Registration With Conditions is not fully portable. The Portability is subject to approval of the medical board.

The restriction means that a medical practitioner who has conditional registration in one State or Territory is not eligible for registration to practise in another State or Territory automatically. He must satisfy the conditions imposed on him by the Medical Board before he can apply for registration in another state.

Eligibility

A medical practitioner who is not eligible for unconditional registration may be considered for Registration with Conditions in one of the following categories:

- Postgraduate Training
- Supervised Training
- Teaching or Research
- Public Interest/Areas of Need
- Conditional (disciplinary or health conditions)

For both categories of registration, applicants must satisfy the relevant Medical Board that they:

- have an adequate command of English for the practice of medicine
- are of good fame and character
- have the physical and mental competence to practise medicine.

Overseas Trained Doctors

Doctors trained in medical schools that have not been formally reviewed and accredited by the Australian Medical Council normally need to pass the Australian Medical Council Examinations (AMCE) before they can be registered with the Medical council.

There are provisions for exemption from this examination, applicable only to few selected candidates, which may include:

- Overseas trained specialist (following assessment by the relevant Specialist College)
- Teaching or Research Candidates
- Candidates of Public Interest/Areas of Need

Basic Medical Qualification

Medical registration in Australia requires a practitioner to complete a comprehensive program of training and examination. This is basic medical qualification.

The training and examination process for medical practitioners trained in Australia includes the following:

- Primary medical degree obtained from a medical school accredited by the Australian Medical Council after completion of either:
  A. an undergraduate course in any discipline, then a 4-year graduate entry medical course; or
  B. an undergraduate medical course of 5 or 6 years duration.
- A 12 month internship in approved/accredited posts, prior to being granted unconditional (general) registration.

Registration Process

For the sake of clarity, we have classified Registration process into

- General Registration Process
- Specialist Registration Process

You will have more information about each part of the process in the later sections.

General Registration Process

Here is the step by step guide.

- Check the eligibility requirements

- On request, the AMC sends preliminary information and a preliminary application form for assessment for general registration
- Complete and return the preliminary form with payment
- The AMC then provides information books and detailed application forms.
- Lodge the completed forms together with certified copies of relevant documentation and 4 recent colour photographs.
- At the same time, you can apply for exemption from the AMC requirements for English language proficiency.
- The AMC may take 4 to 6 weeks to complete the general assessment.
- If the AMC decides that you meet the eligibility requirements, then The AMC will send you an application for the MCQ examination
- Return the completed application form with the fee to the AMC before the closing date
- Sit the MCQ examination. The AMC publishes results at http://www.amc.org.au/results.asp. It also writes to each candidate concerning their result.
- When notified of your success in the MCQ examination, lodge Form for the clinical examination before the closing date of selected series.

- About 2 weeks after the closing date, the AMC will advise you if you have been placed in the clinical examination series
- Complete the clinical examination. The AMC publishes results at http://www.amc.org.au/results.asp. It also writes to each candidate concerning their result.
- When notified of your success in the clinical examination and when all your documentation is correct, pay the certificate fee.
- The AMC then forwards the certificate to the Medical Board in your State of residence for you to collect.
- Apply to State/Territory Medical Boards for registration.

Specialist Registration Process

Here is the step by step guide.

- Check the eligibility requirements
- On request, the AMC sends preliminary information and a preliminary application form for assessment.
- Complete and return the preliminary form with payment
- The AMC then provides information books and detailed application forms.
- Lodge the completed forms together with certified copies of relevant documentation and 4 recent colour photographs. At the

same time, you can apply for exemption from the AMC requirements for English language proficiency.

- The AMC may take 4 to 6 weeks to complete the general assessment.
- If the AMC decides that you meet the eligibility requirements, then The AMC will forward your application for specialist assessment to the relevant Specialist College.
- The College advises the AMC of the outcome of your application.
- The AMC will advise you of any College requirements for specialist recognition.
- When you have completed all the requirements the AMC advises the Medical Boards that you are eligible for registration.
- Apply to State/Territory Medical Boards for registration.

Overseas Trained Specialist

Specialist Practice

Australian specialist training and practice mostly follows the model of postgraduate advanced clinical training and examinations developed in the United Kingdom.

These standards are administered by recognised national Specialist Medical Colleges.

Specialist Medical Qualifications

Specialist medical practitioners must complete an additional program of advanced training and examination after completing the undergraduate medical degree and intern training.

The education and training requirements for each speciality depend on the type of clinical medical practice, but can be broadly summarised as:

(i) Prevocational training involving a broad practical clinical experience in the intern and second postgraduate years, during which career aspirations are clarified.

(ii) Vocational training in a chosen speciality. Vocational training commonly includes basic and advanced training over several years, with the total period of vocational training ranging from 3 to 7 years according to the speciality.

(iii) The educational component of vocational training includes:

- Completion of a broad education program in basic medical sciences and clinical skills, with objective assessment of proficiency.
- Completion of supervised practical training in accredited training programs that emphasise graduated practical experience and further development of a knowledge base in the science and practice of the relevant speciality.
- Completion of the requirements for fellowship of the relevant College, including a range of structured objective assessments and satisfactory supervisors' reports.

The structured assessments conducted during specialist training and the progressive increase in experience and level of responsibility are integrally related.

It is not possible to sit and pass these examinations in isolation from the training program.

The Colleges do however have processes that allow medical practitioners who have undertaken comparable training and gained relevant experience outside Australia and New Zealand to be assessed and recognised for medical practice.

To encourage the development of additional skills and to broaden career paths, Colleges support participation in research and completion of post-graduate degrees (PhD, MD) during training or during periods when training is temporarily interrupted.

Specialist Assessment

Assessment Standards

The standard applied to the assessment of overseas trained specialists will be the same standard required for admission to the relevant Specialist Medical College as a Fellow.

Where components of the Specialist Medical College examination and assessment procedures are applied, they will be the same components or derived from the same examination components that apply to local specialist trainees.

Eligibility for Specialist Assessment

To be eligible for assessment as a specialist you must:

- hold a primary degree in medicine and surgery issued by a medical school listed in the WHO publication World Directory of Medical Schools, or other publications approved by the Council. (Degrees in traditional Chinese medicine and the Degree of Doctor of Osteopathy (awarded in the USA) are not recognised as primary qualifications for the purposes of specialist assessment); AND
- have completed formal postgraduate training in one of the fields of specialist medical practice recognised in Australia; AND
- have passed the Occupational English Test (OET) for medical practitioners, administered by Language Australia, or the IELTS English Test (academic module overall score of band 7 or higher) administered by the University of Cambridge Local Examinations Syndicate (UCLES), the British Council or IDP Education in Australia or have been granted an exemption.

Australian Medical Council does not require applicants for specialist assessment to have permanent resident status or to hold Australian or New Zealand Citizenship.

Assessment Procedure

Persons With Australian Specialist Fellowship

If you hold a Fellowship of an Australian Specialist Medical College and you meet the general eligibility criteria but do not hold a recognised primary medical qualification, your Fellowship and the field of specialist practice will need to be formally confirmed by the relevant College.

The procedures are:

- You should complete the Preliminary Application Form for Assessment as a Specialist and return it to the Australian Medical Council, together with the processing fee.
- The Australian Medical Council Secretariat will send you a copy of the current Information Booklet For Applicants which sets out the application and assessment procedures in detail, and the necessary Application Forms.

Overseas Specialists with non-recognised Qualification

If you are an Overseas Trained Specialist and you have non-recognised qualification, the procedures are:

- You should complete and return to the Australian Medical Council the Preliminary Application Form for Assessment as a Specialist and the processing fee.
- The Australian Medical Council will send you a copy of the Information Booklet for Applicants and the application forms.
- The College will assess your application. You will need to pay the College's interview/assessment fee directly to the College.
- On completion of the College assessment, the Australian Medical Council will advise you, the Medical Boards, and Australian Government Office (if you do not yet have permanent resident status) of the outcome of the assessment.

If you are currently living overseas it is in your own interest not to leave your country before the Australian Medical Council has confirmed your eligibility and the assessment is completed.

College Assessment Procedures

The assessment procedures will follow the formal assessment program of the relevant Specialist College as applied to local trainees.

The assessment procedures may include the following components:

- Initial assessment of documentary evidence of specialist training overseas and experience, including a review of log books;

- A formal interview;
- Part I or Primary Examination of the relevant College (or a modified examination based on the Part I Examination);
- Further Specialist Training;
- Part II (Membership or Fellowship) Examination (or a modified examination based on the Part II Examination).

Most Colleges require applicants to present for an examination as part of the assessment process.

Many overseas trained doctors will require Advanced Specialist Training to meet the standards required for specialist practice in Australia.

Specialists (following initial assessment by a College), may be registered by Medical Registration Boards.

In general, the Medical Boards provide restricted registration for up to two years to complete supervised specialist practice, where it has been specified by a College for full registration.

Where longer periods are specified, the applicant would be required to pass the Australian Medical Council Examination.

Further Training

After its initial assessment, the College may require you to undergo further training and/or examinations.

Most State Medical Boards will consider giving registration for up to a two year period.

If the College directs you to complete more than two years of further training, the Medical Boards may require you to complete the Australian Medical Council examinations and obtain the Australian Medical Council Certificate to gain unconditional registration in Australia.

There are limited numbers of advanced training positions in Australia. These positions are subject to open competition with Australian specialist trainees.

Recognised Specialities

Here is a list of Recognised Medical Specialities. They include sub specialities also. Under each category you can find the Specialist College responsible for assessment.

- **Anaesthesia**
  Australian and New Zealand College of Anaesthetists

Intensive Care
Faculty of Intensive Care, ANZCA

Dermatology
Australasian College of Dermatologists

Emergency Medicine
Australasian College for Emergency Medicine

General Practice
Royal Australian College of General Practitioners (Some State or Territory Medical Boards do not recognise)

Internal Medicine
Royal Australasian College of Physicians.
Other specialities in this category are General Medicine, Cardiology, Clinical Haematology, Clinical Immunology (including Allergy), Clinical Pharmacology, Endocrinology, Gastroenterology, Geriatrics, Infectious Diseases, Intensive Care, Medical Oncology, Neurology, Nuclear Medicine, Palliative Medicine, Renal Medicine, Rheumatology and Thoracic Medicine.

Paediatrics
Division of Paediatrics, Royal Australasian College of Physicians.

Other specialities in this category are Neonatology, Paediatric Medicine and Paediatric Sub specialities

Occupational Medicine
Australasian Faculty of Occupational Medicine

Public Health Medicine
Australasian Faculty of Public Health Medicine

Rehabilitation Medicine
Australasian Faculty of Rehabilitation Medicine

Medical Administration
Royal Australasian College of Medical Administrators

Obstetrics and Gynaecology
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Other specialities in this category are Gynaecological Oncology, Maternal-Fetal Medicine, Obstetric and Gynaecological Ultrasound, Reproductive Endocrinology and Infertility and Urogynaecology.

Ophthalmology

Royal Australian College of Ophthalmologists in Australia and New Zealand

Pathology

Royal College of Pathologists of Australasia
Other specialities in this category are General Pathology, Anatomical Pathology (including Cytopathology and Forensic Pathology), Clinical Chemistry, Haematology, Immunology and Microbiology.

Psychiatry

Royal Australian and New Zealand College of Psychiatrists

Radiology

Royal Australian and New Zealand College of Radiologists
Other specialities in this category are Diagnostic Radiology, Diagnostic Ultrasound, Nuclear Medicine and Radiation Oncology.

Surgery

Royal Australasian College of Surgeons
Other specialities in this category are General Surgery, Cardiothoracic Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology, Paediatric Surgery, Plastic and Reconstructive Surgery and Urology.

Examination Requirements

Here is a list of Medical Specialist colleges and the examination requirements.

- **Anaesthetics**
  All applicants are required to pass the College final exam followed by a residential year in an approved post.

- **Dermatology**
  Part I examination likely to be required in all cases.
  All applicants are not necessarily required to proceed from Part I exam through full advanced training and Part II exam program.

- **Emergency Medicine**
  Most applicants are required to sit the Fellowship examination.
  Some applicants will also be required to sit the Primary (basic sciences) examination.
  Most applicants are required to undertake a period of supervised clinical attachment in an approved emergency department

- **Medical Administration**
  Final oral examination used as a screening test.

Obstetrics and Gynaecology

All applicants are required to sit the Part II written exam as a screening test. Success in the exam is followed by a period of Advanced Specialist Training and finally completion of the full Part II exam.

Occupational Medicine

All applicants are likely to be required to sit some component of the Fellowship exam.
A special basic sciences exam may be required.

Ophthalmology

Part I exam likely to be required.
Part I exam is the major barrier in Australian Fellowship program

Paediatrics

In the majority of cases Part I written & clinical or clinical alone will be required to confirm clinical competence

Pathology

All applicants will be required to sit at least the oral component of the Part II exam
Part I exam is the major barrier in Australian Fellowship program

Physicians

In the majority of cases Part I written and clinical or clinical alone will be required.
Subspeciality long case exam will be at the level expected of an Australian Trainee completing training.

Psychiatry

Special One Day viva only exam may be used in special cases

Public Health Medicine

All applicants are required to complete a period of supervised training before specialist assessment.
Assessment will include an oral examination, an examination of the applicant's curriculum vitae including details of their work and experience, their publications, reports, etc., and a consideration of the record of their training program including supervisors' reports.
All applicants will be required to hold a recognised degree of Master of Public Health or its equivalent.

Radiology

All applicants are required to complete at least a modified Part II exam and film reporting test.

Rehabilitation Medicine

In a majority of cases Part II written and clinical or clinical alone will be required to confirm clinical competence

Surgery

Majority of applicants will be required to complete the College Part II exam. For many there may also be a prior requirement for a period of supervised practice.

Where an applicant has not completed an equivalent assessment, a pass in the College Part I examination may be the first requirement.

General Practice

Those Overseas Trained Doctors with equivalent training and qualifications are granted FRACGP without further requirements. Currently the accepted qualifications are FRNZCGP; MRCGP and Certificate of the Joint Committee on Postgraduate Training for General Practice (UK); Certificate in Family Practice from the College of Family Physicians of Canada and successful completion of both parts of the Medical Council of Canada qualifying examination.

Other Overseas Trained Doctors with recognised training and qualifications are eligible to sit the FRACGP examination without further requirements. Currently the accepted qualifications are MRCGP; Certificate of the Joint Committee on Postgraduate Training for General Practice (UK); Membership of the Irish College of General Practitioners; Certificate of the American Board of Family Practice; Master of Family Medicine, South Africa; Master of Prax Medicine, South Africa; Registration with the Health Professions Council of South Africa as a Family Physician; Membership of the College of Family Practitioners by examination (MFGP/MCFP) South Africa; Master of Medicine (Family Medicine) from the National University of Singapore.

Those Overseas Trained Doctors without recognised training and qualifications or General Practice experience may apply to join the RACGP Training Program and then sit for the FRACGP examination.

Those Overseas Trained Doctors with more than 4 years full time General Practice experience (or part time equivalent) recognised by the RACGP may sit the FRACGP examination

Advanced Specialist Training

Periods of Advanced Specialist Training will conform with normal College requirements of an accredited position under supervision and subject to satisfactory supervisor/mentor reports.

In general, examinations will be taken as part of the normal College program and under the normal College examination format.

It would be necessary to enrol in the College training program in order to complete the requirements.

Medical Council

Australian Medical Council

Australian Medical Council does not

- Register Doctors
- provide immigration service
- guide on job opportunities

Postal Address
PO Box 4810
Kingston ACT 2604
Australia

Phone/Fax
Phone: +61 2 62709777
Fax: +61 2 62709799

Online Contact
Email: amc@amc.org.au
Website: http://www.amc.org.au/

Examination

What is AMCE

The AMC examination is a screening examination for overseas trained doctors.

The standard of the examination has been set at the level of attainment of knowledge and clinical skills corresponding to that of newly qualified graduates of Australian medical schools who are about to commence intern training, as this is the entry point for medical practice in Australia.

Eligibility

To be eligible to sit the AMC examination you must:

- have been awarded a primary degree in medicine and surgery issued by a medical school listed in the WHO Directory, or other publications approved by the Council. (Degrees in traditional Chinese medicine and the Degree of Doctor of Osteopathy (awarded in the USA) are not recognised in Australia); AND
- have passed the Occupation English Test (OET) for medical practitioners, administered by Language Australia, or the IELTS English Test administered by the University of Cambridge Local Examina-

tions Syndicate (UCLES), the British Council or IDP Education in Australia or have granted an exemption.

Application Procedure

Complete and return the Preliminary Application Form for the AMC Examination and the assessment fee.

The AMC will send you a copy of the Information Booklet For Candidates and the necessary application forms.

Complete the forms, using the instructions provided and return them to the AMC.

If you intend to sit for the Multiple Choice Question (MCQ) examination and have not yet been assessed as eligible, the AMC office must receive your documentation (Forms A, B and relevant assessment documents) by the specified closing date for new assessments for the examination series

New candidates must be assessed as eligible to undertake the AMC examination process prior to being scheduled to sit the AMC MCQ examination.

Exam Centres

Two exams are held in each calendar year at each centre.

- Adelaide
- Brisbane
- Melbourne
- Sydney

In Adelaide and Brisbane 48 candidates are accommodated. In Melbourne and Sydney 64 candidates are accommodated.

Preparing for AMCE

Candidates should consult the Examination Specifications and Sample Questions for more detailed information on strategies for preparing for the AMC Multiple Choice Question and Clinical Examinations

The Multiple Choice Question (MCQ) examination is a comprehensive examination of medical knowledge and practice. The AMC recommends that candidates undertake a thorough review of the major topics covered in the examination.

Candidates should familiarise themselves with the MCQ format. A wide range of general texts is readily available on this form of examination and its associated techniques. The AMC publication Annotated Multiple Choice Questions also covers these aspects.

The questions in the MCQ examination are oriented towards the more common clinical applications, differential diagnosis and therapeutics.For the AMC clinical examination, the candidates should undertake a comprehensive review of clinical skills and differential diagnosis.

A review of journals that contain articles dealing with common clinical conditions in the Australian community will be more effective in preparing for the clinical examinations than spending too much time with reference books.

The textbooks will provide background reading on key topics and contain a great deal of reference material. They are not intended as prescribed reading.

AMCE Steps

There are three steps in AMCE. They are:

- MCQ Examination
- Stage 1 Clinical Examination
- Stage 2 Clinical Examination

MCQ Examination

The MCQ examination will be a fully integrated examination. Questions in each of the major component subjects will not be grouped according to subject but will be placed throughout the paper.

The performance required to pass the examination will not be expressed in terms of an overall score and minimum performance scores in each of the five component subjects.

Format

The MCQ will be a fully integrated examination consisting of two (2), 3 hour papers, that will be administered on separate days.

The MCQ questions will be Type A format, that is one correct response from five.

The AMC examination will consist of a total of 250 MCQ questions (25 per paper), of which only 200 will be scored for the purposes of determining the overall result.

The remaining 50 questions will be used to test and calibrate new questions, which may be used in future examinations, but will not be counted towards the overall score of the candidate.

Range of Topics

The MCQ examination will include questions from

- Internal Medicine (32.5%)
- Paediatrics (17.5%)
- Obstetrics & Gynaecology (15%)
- Psychiatry (10%)
- Surgery (25%)

The% indicates the proportion of questions.

A number of questions will also have a focus on General Practice.

The range of topics will be as set out in the current edition of the Examination Specifications and Sample Questions Booklet.

Approximately one third (1/3rd) of the questions in the examination will deal with conditions and issues that are critical to the safety or clinical outcome of the patient, or which represent a threat to the life of the patient, or are based on important conditions in the Australian community.

These "key issues" questions will be individually identified throughout the examination papers.

Performance Standard

The overall standard of the examination will be the level of attainment of medical knowledge, clinical skills and attitudes which is required of newly qualified graduates of Australian Medical Schools who are about to commence intern training.

A candidate's result in the MCQ examination will be determined on the basis of the overall result in the 200 scored questions and the score of correct responses obtained in the identified "key issues" questions, which will be part of the 200 scored questions.

In order to pass the MCQ examination, a candidate will be required to obtain 50% or better correct in the 200 questions that are scored, and not less than 65% correct in the "key issues" questions.

A candidate must complete both papers to obtain an overall score and satisfy the requirements of the MCQ examination.

AMC Clinical Examination

The clinical examination consists of two stages:

- Stage 1 will be an assessment of Consulting Skills in Medicine/Surgery, Obstetrics & Gynaecology and Paediatrics;

- Stage 2 will be a multi-station assessment of clinical skills, to be known as the Structured Clinical Assessment.

The clinical examination will be a sequential examination - candidates will have to pass Stage 1 before proceeding to Stage 2.

A candidate who passes Stage 1, but then fails Stage 2, will only be required to repeat Stage 2.

The clinical examination will be conducted in clusters.

Each Stage 1 Consulting Skills Assessment will be grouped with a set of Stage 2 Structured Clinical Assessment examinations. This means that candidates who apply for and are scheduled to sit a Stage 1 examination will automatically be allocated a place in the linked Stage 2 examination, provided they pass Stage 1.

Consulting Skills Assessment

The Consulting Skills Assessment will consist of three assessment components:

Medicine and Surgery Consulting Skills

- 2 scenarios (diagnostic consultation/management consultation).
- 2 teams of 2 examiners

- 40 minutes total assessment time
- 5 minutes reading time per scenario

Obstetrics & Gynaecology Consulting Skills

- 3 scenarios (2 Obstetric/1 Gynaecology)
- 2 examiners
- 40 minutes total assessment time, including 9 minutes total scenario reading time.

Paediatrics Consulting Skills

- 3 scenarios.
- 2 examiners
- 40 minutes total assessment time, including 9 minutes total scenario reading time

The Consulting Skills Assessment will be based on the scenario format developed for the existing Medicine/Surgery Consulting Skills and the consulting skills component of the clinical examination in Obstetrics, Gynaecology and Paediatrics.

Structured Clinical Assessment

Stage 2 of the AMC clinical examination will be an integrated examination consisting of a 12 component multi-station assessment, together

with a Re-Test (Additional Pass/Fail Assessment) for candidates with marginal performance.

Candidates will rotate through a series of stations and will undertake a variety of clinical tasks.

All candidates in a clinical examination session will be assessed against the same stations.

Each station will be 10 minutes (8 minutes for the actual assessment and 2 minutes for change over).

Stations will include observed and non-observed or linked stations.

All stations will be scored, including the non-observed or linked stations.

One examiner will be involved in each observed station.

Stations will assess clinical skills under the following broad headings:

- Physical examination
- Investigation
- Diagnosis
- Therapeutics
- Counselling / Patient education
- Procedures

Examples of material that could be included in the stations are:

- Physical examination of a patient with ascites (Physical examination station)
- Counselling of an asthma patient on the use of an inhaler (Patient education station)
- Administration of an insulin injection (Procedure station)

Scoring will be structured with individual aspects of each station specified under broad headings.

Stations may utilise actual patients, standardised patients or examiners role-playing patients. Models and other relevant equipment may also be used in the examination.

Performance Requirements

Stage 1: Consulting Skills Assessment

A candidate must obtain a Pass grade in the three components of the Consulting Skills Assessment in a single clinical examination session in order to pass the Consulting Skills.

A candidate who obtains a Fail grade in one component only may be granted a supplementary examination in that component. If the candidate obtains a Pass grade in the supplementary examination, he or she

will be scored as an overall Pass in the Consulting Skills Assessment. If the candidate obtains a Fail grade in the supplementary examination, he or she will be scored as an overall Clear Fail in the Consulting Skills Assessment.

A candidate who fails two (2) or more components will be scored as an overall Clear Fail and must re-sit the full Consulting Skills Assessment (3 components).

Stage 2: Structured Clinical Assessment

The overall result for each station will be recorded as a Pass or Fail only.

Candidates will be graded as Clear Pass / Marginal Performance / Clear Fail, as follows:

- Clear Pass = Pass grades in 8 or more of the 12 stations.
- Marginal Performance = Pass grades in 6 or 7 stations only.
- Clear Fail = Pass grades in 5 or less of the 12 stations.

A candidate who obtains a Marginal Performance grade in the Structured Clinical Assessment will be eligible to present for a Pass/Fail Re-Test (Additional Assessment) to confirm the result in the Stage 2 Structured Clinical Assessment.

A candidate who obtains a Clear Fail will be required to re-sit the Stage 2 Structured Clinical Assessment.

Pass/Fail Re-Test (Additional Pass/Fail Assessment)

Candidates with borderline or Marginal Performance at the Structured Clinical Assessment will have an opportunity to validate their result as a Pass or Fail in the form of a Re-Test examination of clinical skills which will be scenario based.

The Pass/Fail Re-Test will be conducted in conjunction with the Stage 2 Structured Clinical Assessment (usually on the morning following the Structured Clinical Assessment).

The Re-Test will involve a team of 2 examiners and 3 scenarios of 10 minutes each.

The scenarios will be selected to match the performance profile of the candidate in the 12 stations of the Structured Clinical Assessment. That is, the Re-Test will focus on those aspects of the clinical examination (Physical Examination, Therapeutics, Procedures, etc.) where the candidate had a marginal or fail performance.

In order to confirm a Pass grade in Stage 2, a candidate will be required to obtain Pass grades in 2 of the 3 scenarios in the Re-Test.

If the candidate is scored as a Fail in the Re-Test, he or she will be confirmed as a Fail in the overall Stage 2 Structured Clinical Assessment component of the clinical examination. The candidate will be required to re-sit the Stage 2 - Structured Clinical Assessment.

Old Structure

The following details are applicable only upto July 2001. Please check with AMC for exact date of implementation.

Components of the AMC Examination

The AMC examination consists of:

- a multiple-choice-question (MCQ) examination; and
- a clinical examination.

A candidate must pass the MCQ examination before proceeding to the clinical examination.

Format of the MCQ Examination

The MCQ examination consists of two papers. Each paper has 100 questions, and each is of three hours duration. The disciplines covered are:

Paper 1

- Paediatrics: 35 Questions
- Medicine (including therapeutics): 65 Questions

Paper 2

- Obstetrics & Gynaecology: 30 Questions
- Psychiatry: 20 Questions
- Surgery: 50 Questions

The format and examples of the MCQ and Clinical Examinations are set out in the AMC publication Examination Specifications and Sample Questions. A copy of this publication is provided to each candidate on payment of the examination fee.

MCQ Pass Mark

The AMC pass mark for the MCQ examination is based on the level of knowledge required by Australian Medical Schools for their final year graduates.

The current pass mark is set at raw (non-scaled) score of 50% correct responses overall and not less than 45% correct responses in each of the five component subjects. A candidate's score in the MCQ examination is the sum of the correct responses.

There are four components to the examination;

- Medicine (Short Cases)
- Surgery (Short Cases)
- Medical & Surgical Consulting Skills
- Obstetrics, Gynaecology & Paediatrics

The Medicine & Surgery (Short Cases) components are both 45 minute bedside examinations involving a minimum of four (4) short cases. Each candidate normally sees two patients with one pair of examiners (10 minutes for each case) and two different patients with a second pair of examiners (10 minutes for each case).

The Medical & Surgical Consulting Skills component is undertaken in two parts of 18 minutes, one involving a simulated Diagnostic Consultation conducted in the presence of a pair of examiners and the other a simulated Management Consultation conducted in the presence of a second pair of examiners.

The Obstetrics, Gynaecology & Paediatrics component is in two parts, Part 1 is a 30 minute obstetric antenatal long case followed by a 10 minute viva with two examiners and Part 2 is four 10 minute simulated consultations (2 paediatric, 1 obstetric & 1 gynaecological) also with two examiners, one examiner specialising in Obstetrics and Gynaecology and the other examiner specialising in Paediatrics.

You will be examined on the following subjects.

- **General Practice**
  Medical and Surgical Consulting Skills
- **Gynaecology**
  Obstetrics, Gynaecology and Paediatrics
- **Medicine**
  Medicine (Short Cases), Medical and Surgical Consulting
- **Obstetrics**
  Obstetrics, Gynaecology and Paediatrics
- **Paediatrics**
  Obstetrics, Gynaecology and Paediatrics
- **Psychiatry**
  Medical and Surgical Consulting Skills
- **Surgery**
  Surgery (Short Cases), Medical and Surgical

Transitional Provisions

Since the format of the AMC clinical examination will change after 1 July 2001, it will not be possible for candidates to carry forward into the new format exemptions awarded under the current clinical examination format in the Medicine and Surgery Short Cases components and in the Obstetrics, Gynaecology and Paediatrics component.

Exemptions awarded in the Medical/Surgical Consulting Skills component of the current format can be carried forward into the new format, since there will be no change to the format and content of the Medical/Surgical Consulting Skills assessment.

Candidates who have been granted exemptions in the Medicine or Surgery Short Cases or in the Obstetrics, Gynaecology and Paediatrics components of the current format of the clinical examination, will be given priority in scheduling for clinical examination places in the examinations conducted in the first half of 2001 (Series 1 and Series 2 clinical examinations).

Most of the examination is role-playing however there will be a mixture of real and simulated patients.

You will see a minimum of 9 real patients (four medical, four surgical & one obstetric).

The number of positions in the examinations depends on availability of suitable hospitals. So, you have to wait for a long time between passing the MCQ examination and the clinical examination. The average waiting period is 9 months.

English language proficiency

All applicants for the Australian Medical Council (AMC) examination must satisfy the English language proficiency requirements before they will be permitted to commence the AMC examination process.

In the majority of cases this will require the applicant to complete and pass one of the two designated vocational tests of English proficiency.

Vocational Tests of English Proficiency

Applicants for the AMC examination must

- have completed and passed the Occupational English Test (OET) administered by Language Australia; OR
- have completed and passed the International English Language Testing System (IELTS) examination at an overall band score of 7 or higher in the Academic Module.

Provisional Candidature (OET)

The AMC will consider an application under the category Provisional Candidature (OET) where an applicant for the AMC MCQ examination has previously attempted the OET and failed one component only.

The applicant is required to provide evidence that he/she is scheduled to sit the remaining OET component at the OET examination session to be held before the closing date of the relevant MCQ examination.

If the applicant falls into this category he/she will be permitted to lodge an application, together with the AMC MCQ examination fee, prior to the closing date for the MCQ examination.

In such cases, if the applicant fails the remaining component of the OET he/she will not be permitted to re-sit the MCQ examination [if the MCQ is failed] or to present for the clinical examination [if the MCQ is passed] until evidence of having passed all components of the OET, or the alternative IELTS examination, is provided to the AMC.

Provisions for Exemption

A provision exists for applicants in certain circumstances to be granted an exemption from the requirement to pass the designated vocational tests of English proficiency.

Applications for exemption must be submitted to the AMC using relevant. The Form is forwarded to applicants after the Preliminary Application Form and fee have been lodged with the AMC.

Alternative Tests of English Proficiency

The following vocational tests of English are accepted for the purposes of exemption by the Australian Medical Council:

- English Language component of the United States Medical Licensing Examination (USMLE) (previously ECFMG) [NOT the TOEFL component of the current USMLE examination]
- Professional Linguistic Assessment Board (PLAB) Examination (UK)
- English Language component of the New Zealand Registration Examination (NZREX) (NZ)

A pass in a general English test such as TOEFL is not within the guidelines approved by the AMC for granting an exemption.

An exemption from an English proficiency requirement granted by another licensing body, such as the General Medical Council (UK) or the Medical Council of New Zealand, is not recognised for the purposes of the AMC examination and registration in Australia.

Other Criteria for Exemption

An exemption may also be considered when an applicant provides certified copies of documentary evidence of

- birth certificate and formal primary education OR
- secondary education (NOT University training)

in a country where English is the native or first language (not merely the official language).

Occupational English Test (OET)

Applicants must deal directly with Language Australia on all matters relating to the administration of the OET and its associated procedures. The contact address for Language Australia is:

Language Australia
Level 2, 255 William Street (GPO BOX 372F)
MELBOURNE VICTORIA 3001 AUSTRALIA
Telephone: (03) 9926 4787 or (03) 9926 4788
Facsimile: (03) 9926 4780

IELTS

The IELTS examination is administered by the University of Cambridge Local Examinations Syndicate (UCLES), the British Council, or IELTS Australia.

Applicants must deal directly with IELTS Australia on all matters relating to the administration of the IELTS English Test (Academic module), examination dates and its associated procedures.

The IELTS English Test is held throughout Australia as well as overseas. For the purposes of exemption the AMC requires an overall score at Band 7 or higher in the Academic module of the IELTS examination.

The contact for IELTS Australia is:

IELTS Australia
Telephone: (02) 6285 8222
Email: ielts@idp.edu.au
Website: http://www.ielts.org/

Applicants should note that there is only a limited number of English tests conducted each year in Australia and overseas.

Applicants should check the dates of these examinations to ensure that they are able to provide certified evidence of having passed a vocational

test of English for medical practitioners before the closing date of the AMC MCQ examination for which they are applying.

Useful Contacts

Language Australia
GPO Box 372F
Melbourne VICTORIA 3001
AUSTRALIA
Phone: 03 9926 4787 or
03 9926 4788
Fax: 03 9926 4780

IELTS Australia
GPO Box 2006
CANBERRA ACT 2600
Phone: (02) 6285 8222
Website: http://www.ielts.org/

Suggested Books

While candidates may find it useful to review the major textbooks in the key clinical disciplines, the questions in the MCQ examination are oriented towards the more common clinical applications, differential diagnosis and therapeutics, and candidates should take care when using major reference type textbooks.

The AMC has drawn up a guide to some useful texts. These textbooks will provide background reading on key topics and contain a great deal of reference material.

They are not intended as prescribed reading.

Candidates may find it more useful to review medical journals that contain useful review articles and summaries of the identification, treatment and management of the more common clinical conditions in the Australian community.

For the AMC clinical examination, the AMC recommends that candidates undertake a comprehensive review of clinical skills and differential diagnosis.

Experience suggests that a review of journals that contain articles dealing with common clinical conditions in the Australian community will be

more effective in preparing for the clinical examinations than spending too much time with reference books

Medicine

- **MacLeod's Clinical Examination**
  J; Edwards, C. R. W. Munro(Editor)
- **Davidson's Principles and Practice of Medicine**
  Christopher Haslett(Editor)
- **Cecil Essentials of Medicine**
  Russell L. Cecil(Editor)
- **Lecture Notes on Clinical Medicine**
  David Rubenstein
- **Harrison's Principles of Internal Medicine**
  Fauci AS
- **Imaging Guidelines**
  Lau LSW
- **Clinical Examination: Systematic Guide to Physical Diagnosis**

Talley NJ, O'Connor S.

Oxford Textbook of Medicine
Weatherall DJ, Ledingham JGG, Warrell DA (eds)

Surgery

An Introduction to Symptoms and Signs of Surgical Disease
Norman L. Browse, Dominic J. Browse

Principles and Practice of Surgery
A. P. M. Forrest

Bailey & Love's Short Practice of Surgery
Charles V. Mann(Editor)

Textbook of Surgery
Clunie GJA, Tjandra JJ, Francis DMA.

MCQ's and Short Answer Questions for Surgery
Clunie GJA, Tjandra JJ, Ross H

Principles and Practice of Surgery
Forrest AP, Carter DC, MacLeod IB

Clinical Problems in General Surgery
Hunt PS, Marshall VC.

Oxford Textbook of Surgery
Morris PJ, Malt RA.

An Aid to Clinical Surgery
Williamson R

Paediatrics

Essential Paediatrics
David Hull (Editor), Derek I. Johnston (Editor)

Practical Paediatrics
Robinson MJ, Roberton DM.

Paediatric Handbook
Staff of the Royal Children's Hospital

The Australian Immunisation Handbook
NHMRC

Obstetrics and Gynaecology

Illustrated Textbook of Gynaecology
Eric V. MacKay

Fundamentals of Obstetrics and Gynaecology
Derek Llewellyn-Jones

Obstetrics and the Newborn - An Illustrated Text
Beischer NA, Mackay EV.

Psychiatry

Concise Oxford Textbook of Psychiatry
Michael Gelder

The Oxford Textbook of Psychiatry
Gelder M, Gath D, Mayou R.

Diagnostic and Statistical Manual of Mental Disorders
American Psychiatric Association

General Practice

General Practice
Murtagh J.

Journals

Australian Family Physician

Australian Prescriber

British Medical Journal

British Journal of Hospital Medicine

Current Therapeutics

Lancet Medical Journal of Australia

New England Journal of Medicine

Medical Boards

Statewise Classification

Australian Capital Territory

Medical Board of the Australian Capital Territory
6th Floor FAI House
197 London Circuit
Civic ACT 2608
PO Box 976
Civic Square ACT 2608
Phone: (02) 6205 1598
Fax: (02) 6205 1602

New South Wales

New South Wales Medical Board
Off Punt Road (grounds of Gladesville Hospital)
Take Second Hospital Entrance
Gladesville NSW 2111
PO Box 104
Gladesville NSW 2111
Phone: (02) 9879 6799

Fax: (02) 9816 5307
Website: http://www.nswmb.org.au/

Northern Territory
Medical Board of the Northern Territory
2nd Floor Harbour View Plaza
Corner Bennett & McMinn Street
Darwin NT 0800
PO Box 4221
Darwin NT 0801
Phone: (08) 8999 4165
Fax: (02) (08) 8999 4196

Queensland
The Medical Board of Queensland
19th Floor, 160 Mary Street
Forestry House
Brisbane QLD 4000
GPO Box 2438
Brisbane QLD 4000
Phone: (07) 3225 2515
Fax: (07) 3225 2527

Website: http://www.medicalboard.qld.gov.au/

South Australia

Medical Board of South Australia
91 Payneham Road
ST PETERS SA 5069
PO Box 359
Stepney SA 5069
Phone: (08) 8362 7811
Fax: (08) 8362 7906

Tasmania

The Medical Council of Tasmania
AMA House, 2 Gore Street
South Hobart TAS 7004
PO Box 8
South Hobart TAS 7004
Phone: (03) 6233 5499
Fax: (03) 6233 7986

Victoria

Medical Practitioners Board of Victoria
Level 16, 150 Lonsdale Street

Melbourne VIC 3000
GPO Box 773H
Melbourne VIC 3001
Phone: (03) 9655 0500
Fax: (03) 9655 0580
Website: http://www.mpbofv.org.au/

Western Australia
Medical Board of Western Australia
Level 1, 5 Ord Street
West Perth WA 6005
PO Box 1040
West Perth WA 6872
Phone: (08) 9481 1011
Fax: (08) 9321 1744

Hospitals

We have provided a list of hospitals that have websites. There are many hospitals without websites. You can use online yellow pages to get contact details.

Statewise

Australian Capital Territory

- **The Canberra Hospital**
  Website: http://xray.anu.edu.au/hospital
- **Health Care of Australia**
  Website: http://www.hcoa.com.au/
- **Calvary Hospital**
  Website: http://www.calvary.act.gov.au/index.html

New South Wales

- **Belmont District Hospital**

Website: http://www.hunter.health.nsw.gov.au/areas/hunter/facil/belmont.html

Calvary Hospital
Website: http://www.wts.com.au/~calvary

Cape Hawke Community Private Hospital
Website: http://www.midcoast.com.au/prof/medical/hosp/chcph/chcph.html

Cessnock District Hospital
Website: http://www.hunter.health.nsw.gov.au/areas/hunter/facil/cessnock.html

Central Sydney Area Health Service
Website: http://www.cs.nsw.gov.au/

Concord Repatriation General Hospital
Website: http://members.ozemail.com.au/~crgh/

Dalcross Private Hospital
Website: http://www.dalcross.com/

The Hills Private Hospital

Website: http://www.midcoast.com.au/prof/medical/hosp/hills.html

Health Care of Australia
Website: http://www.hcoa.com.au/

Manning Base Hospital
Website: http://www.midcoast.com.au/prof/medical/hosp/mbh/mbh.html

Mayo Private Hospital
Website: http://www.midcoast.com.au/prof/medical/hosp/mayo/mayo.html

Nepean Hospital, Penrith
Website: http://members.ozemail.com.au/~pdey/ndh.htm

New Childrens Hospital
Website: http://www.nch.edu.au/

Westmead Hospital, Sydney
Website: http://www.westmead.nsw.gov.au/

Queensland

Health Care of Australia
Website: http://www.hcoa.com.au/

Mater Hospitals
Website: http://www.mater.org.au/

Wesley Park Haven Hospital
Website: http://www.parkhaven.com.au/

Princess Alexandra Hospital
Website: http://www.uq.edu.au/pahospital/pah.html

Weipa Hospital
Website: http://www.midcoast.com.au/cmsm/users/weipa.html

The Wesley Hospital
Website: http://www.wesley.com.au/

South Australia

Calvary Hospital
Website: http://www.calvarysa.com.au/

Health Care of Australia
Website: http://www.hcoa.com.au/

Women & Children's Hospital
Website: http://www.wch.sa.gov.au/

Tasmania

Health Care of Australia
Website: http://www.hcoa.com.au/

North West Regional Hospital
Website: http://www.nwrh.dhhs.tas.gov.au/

Victoria

Austin and Repatration Medical Centre
Website: http://www.austin.unimelb.edu.au/

Health Care of Australia
Website: http://www.hcoa.com.au/

Western Australia

Health Care of Australia
Website: http://www.hcoa.com.au/

Royal Perth Hospital
Website: http://www.rph.wa.gov.au/

Sir Charles Gairdner Hospital
Website: http://www.scgh.health.wa.gov.au/

Hospital List

HospitalWeb
Website: http://adams.mgh.harvard.edu/hospitalweb-world.html#AUSTRALIA

The DrsReference Site
Website: http://www.drsref.com.au/aushospitals.html

Australian eMedical Directory
Website: http://www.cundle.com.au/medindex.html

Internet Hospital Directory
Website: http://www.bowyer.org.uk/hospital.htm#Australia

Job Resources

Health Job Sites

Southern Doctor
Website: http://www.southerndoctor.co.nz/ausjobs/ausjobs.htm

HealthPosts
Website: http://www.healthposts.com.au/

Monster Healthcare
Website: http://healthcare.monster.com.au/

eMJA
Website: http://www.seek.com.au/emja/jobs.htm

Global Medical Staffing
Website: http://www.southerndoctor.co.nz/recruit/gmed.htm

NSW Health Jobs
Website: http://www1.health.nsw.gov.au/healthjobs/

Health Staff

Website: http://www.healthstaff.com.au/

General Job Sites

My Career
Website: http://www.mycareer.com.au/

tmp.worldwide
Website: http://au.eresourcing.tmp.com/

CareerOne
Website: http://health.careerone.com.au/

Seek
Website: http://www.seek.com.au/

Associations

Royal Colleges

- **Royal Australian College of General Practitioners**
  Website: http://www.racgp.org.au/
- **Royal Australian College of Medical Administrators**
  Website: http://www.racma.org.au/
- **Royal Australian College of Ophthalmologists**
  Website: http://www.raco.org.au/
- **Royal College of Pathologists of Australia**
  Website: http://www.rcpa.edu.au/
- **Royal Australasian College of Physicians**
  Website: http://www.racp.edu.au/
- **Royal Australian and New Zealand College of Psychiatrists**
  Website: http://www.ranzcp.org/
- **Royal Australian and New Zealand College of Radiologists**

Website: http://www.ranzcr.edu.au/index.htm

Royal Australian College of Surgeons
Website: http://www.racs.edu.au/

Other Professional Bodies

Australian Gynaecological Endoscopy Society
Website: http://www.ages.com.au./

Australian Medical Association
Website: http://www.ama.com.au/

Australian Military Medical Association
Website: http://amma.trump.net.au/

Continence Foundation of Australia
Website: http://www.contfound.org.au/

Doctors Reform Society
Website: http://www.drs.org.au/

Association of Specialist Obstetricians & Gynaecologists
Website: http://www.cundle.com.au/assoc/nasog/nasog.html

Royal Flying Doctor Service of Australia
Website: http://www.rfds.org.au/

The Australasian College of Dermatologists
Website: http://www.dermcoll.asn.au/

Australasian College of Emergency Medicine
Website: http://www.acem.org.au/open/documents/home.htm

Immigration

The official website of Australian Department of Immigration and Multicultural Affairs gives all the details you require to get visa and permit.

We have also given links to some other sites which can help you in immigration. You may not need the services of a consultant. Most doctors can get visa on their own without any difficulty.

Official Resources

- **Australian Department of Immigration**
  Website: http://www.immi.gov.au/

Other Resources

- **Visaide**
  Website: http://www.visaide.com/
- **Immigration Advice**
  Website: http://people.enternet.com.au/~glilient/index.htm
- **Personal Guide**

Website: http://www.nw.com.au/~dbreen/

Alliance Consultants
Website: http://www.aaic.com.au/

ECS
Website: http://www.adelaide.net.au/~ecardoso/

Immigration Service Centre
Website: http://www.isc.ican.net.au/

Immicon
Website: http://www.immigrationtoaustralia.com/

Australian Visas
Website: http://www.migrationint.com.au/

Winthrop
Website: http://www.winthropim.com.au/

Accommodation

Different types of accommodation are available to suit your needs. We have provided a brief description and approximate cost.

Types of Accommodation

Homestay

Homestay means boarding with a local family. Some Educational Institutions maintain a register of families prepared to board international students.

Meals are usually included in the cost. Single or shared rooms may be offered and the cost will vary accordingly.

Homestay is popular with younger students. Self-catering homestay is sometimes available cheaply.

Australian institutions ensure that homestay families are reputable and that accommodation is of a reasonable standard.

This type of accommodation would give you access to the Australian lifestyle in a natural and friendly way. In many cases you are treated like a member of the family.

Cost will be A$150 - A$200 per week.

Full Board

Full board is similar to homestay but less formal. You can negotiate personally with the landlord the standard of accommodation and meals you require.

Cost will be A$50 - A$150 per week depending on services provided.

Hostels and Guest Houses

Hostels are usually run by organisations such as Youth Hostels and Young Men and Young Women Christian Associations. You will share kitchen and bathroom facilities.

Cost will be A$80 - A$120 per week.

Share and Rental Accommodation

Houses and apartments can be rented from a real estate agent or from private owners. They can be either furnished or unfurnished.

Many students choose to share a house or apartment with other students. In this arrangement you would have your own bedroom but share communal areas as well as responsibilities for keeping house.

Rents vary dramatically across the country as do costs of many other living requirements. When renting a house or apartment landlords require rent to be paid in advance and the payment of a security bond equal to one month's rent. The bond is used to repair any damage done to the property by the tenant. If no damage is incurred, the bond is returned when the lease expires.

If you decide to rent a house or apartment a legal document usually has to be signed between the owner of the house and the tenant (yourself). This document, called a lease, sets down the obligations of the owner and the tenant. The lease requires the owner to make sure all utilities are properly installed and working and the tenant must keep the house or apartment in a good condition.

Shared accommodation will cost A$70 - A$120 upward per week.

Rental Accommodation will cost A$100 - A$150 upward per week.

Here is a useful list of websites on Accommodation. Many of them offer online reservation facilities.

Online Resources

- **Bed & Breakfast Australia**

Website: http://www.bnba.com.au/index.htm

BABS
Website: http://babs.com.au/

Guide to Bed & Breakfast
Website: http://ibbp.com/oceana/australia.html

Homestay Online
Website: http://www.homestayonline.com.au/

Bed & Breakfast Directory
Website: http://www.bed-and-breakfast.au.com/dirdir.htm

Millett
Website: http://www.backpack.com.au

YMCA
Website: http://www.ymca.org.au/

Useful Links

The following general and medical links will be useful if you want to know more about Australia

Medical Links

Australian Medical Association
Website: http://www.ama.com.au

Australian Health Online
Website: http://health.abol.net/

Department of Health
Website: http://www.health.gov.au/

AusMed Publications
Website: http://www.ausmed.com.au/

Blackwell Science
Website: http://www.blacksci.co.uk/australi/default.htm

DA Information

Website: http://www.dadirect.com.au/

E-Medical Service
Website: http://www.cundle.com.au/medindex.html

Australian Doctor
Website: http://www.ozdoctor.com.au/

Health Insite
Website: http://www.healthinsite.gov.au/

Australian Prescriber
Website: http://www.australianprescriber.com/

General Links

Overseas Skills Recognition
Website: http://www.detya.gov.au/noosr

Alta Vista Australia
Website: http://au.altavista.com/

Anzwers
Website: http://www.anzwers.com.au/

Excite Australia
Website: http://www.excite.com.au/

Looksmart
Website: http://www.looksmart.com.au/

Yahoo
Website: http://www.yahoo.com.au/

NineMsn
Website: http://ninemsn.com.au/

White Pages
Website: http://www.whitepages.com.au/

Yellow Pages
Website: http://www.yellowpages.com.au/

Kangaroo
Website: http://www.kangaroo.com.au/

Yahoo Auction
Website: http://au.auctions.yahoo.com/au/

eBay Australia
Website: http://www.ebay.com.au/

Sold Auction
Website: http://www.sold.com.au/

About Australia

Australia became a commonwealth of the British Empire in 1901. World's smallest continent but sixth-largest country. Originally inhabited by Australian aborigines, Australia was colonised by the British in 1788, and has been a Federation since 1901.

Geography

Location is Oceania, continent between the Indian Ocean and the South Pacific Ocean. Geographic coordinates are 27 00 S, 133 00 E.

Total area is 7,686,850 sq. km.

The climate ranges from tropical in the north to temperate in the south. Regular, tropical, invigorating, sea breeze known as "the Doctor" occurs along the west coast in the summer.

Natural Resources are bauxite, coal, iron ore, copper, tin, silver, uranium, nickel, tungsten, mineral sands, lead, zinc, diamonds, natural gas and petroleum. Natural Hazards are cyclones along the coast and severe droughts.

People

Population is concentrated along the eastern and southeastern coasts. Total population is 19 million.

People are called Australians.

Ethnic groups are Caucasian 92%, Asian 7%, aboriginal and others 1%.

Languages are English and native languages.

Economy

Conventional long form of Country name is Commonwealth of Australia.

Data code is AS.

Capital city is Canberra.

Administrative divisions are 6 states and 2 territories (Australian Capital Territory, New South Wales, Northern Territory, Queensland, South Australia, Tasmania, Victoria, Western Australia),

Inflation rate is 1.8% and Unemployment rate is 7.5%.

Major industries are mining, industrial and transportation equipment, food processing, chemicals and steel.

Agriculture products are wheat, barley, starching, fruits; cattle, sheep and poultry.

Currency system is 1 Australian dollar ($A) = 100 cents

Exchange rate is Australian dollars ($A) per US$1 - 1.52068

Major cities are Sydney, Melbourne, Brisbane, Adelaide, Perth, Hobart and Darwin.

Weights and measures system is Metric.

Electricity system is 240 AC, 50 cycles.

New Zealand

Overview

New Zealand provides excellent opportunities for training and employment. Unlike other countries, it is possible for an efficient and hard working overseas doctor to become a specialist or a consultant without many hurdles.

Being a small country, some specialist training opportunities are limited. Yet, many overseas doctors have successfully completed training and practice as high income consultants.

The normal route for overseas doctors is General Registration. This requires a pass in New Zealand Registration Examination. If you want to avoid examination, you can think of Temporary Registration. If you are already highly qualified, you may be eligible for Vocational Registration.

The chapter "Registration" tells you everything you need to know about the registration procedures. The chapter "Medical Council" gives the contact details of Medical Council of New Zealand.

The chapter "Examination" explains the procedure and format for New Zealand Registration Examination. Some previous examination cases have been included. The chapter "Suggested Books" gives you a list of books recommended by the Medical Council for the examination.

The chapter "Hospitals" gives a list of District Health Boards. As most of the hospitals are governed by District Health Boards, this list will be very useful in contacting hospitals to find out training and job positions.

The chapter "Job Resources" suggests some useful career related web-sites. Some sites are exclusively for health professionals. Others list both health and general jobs.

The chapter "Immigration" gives you the official immigration contact details and private contact details.

The chapter "Accommodation" gives you a list of useful websites. You can use them to book your accommodation online in advance before your entry into New Zealand.

The chapter "Associations" gives you contact information for various medical and general organisations.

The chapter "Useful Links" gives a list of useful websites that can not be included in any other chapter. The chapter "About New Zealand" tells about some basic fact you must know about New Zealand.

Registration

Registration

There are mainly three types of Registration. You need to have one of the three registrations to work or practise in New Zealand.

Most overseas doctors may have to go through General Registration Process.

Types of Registration

The three types of registration are:

- General Registration
- Vocational Registration
- Temporary Registration

If you have completed specialist training you may be eligible for Vocational registration.

If you can meet certain conditions, you may even be able to apply for Temporary Registration. If you take this route, you can work in New Zealand only for a limited period.

If you want to work without any limitation, then it is better to have General or Vocational Registration.

General Registration

General registration permits doctors to practise under the general oversight of a vocationally registered doctor who works in the same branch of medicine.

Purpose - General Registration

General registration is intended for doctors

- who have completed their medical internship and
- who have not completed specialist training.

Non-Australasian trained doctors wishing to be registered must assure the Medical Council that

- they have adequate skill and knowledge to practise medicine and
- can communicate effectively in English.

Who Can Apply

If you have satisfied all the requirements and completed probation, then you can apply for General Registration. You are expected to have the same standard as that of a New Zealand or Australian trained doctor.

Requirements - General Registration

You must satisfy all the below requirements to become registered under General Registration category.

- You are a New Zealand resident or intend to immigrate to New Zealand in the near future
- You have a medical degree from a university listed in the WHO World Directory of Medical Schools
- You are registered, or entitled to be registered, in your country
- You have completed a 12 month rotating internship year in your own or another country following graduation
- You do not have specialist training, qualifications or experience that would be recognised for vocational registration
- You have passed the New Zealand Registration Examination (NZREX) within the last three years
- You are fit to practise medicine under the Medical Practitioners Act of New Zealand

Procedure - General Registration

If you have satisfied all the above requirements, then you must apply for Probationary Registration. This is explained in the following section.

Immediately you will get interim registration. This enables you to take up jobs. Within a few days, you will be granted Probationary Registration.

You must complete a minimum of 12 months working under supervision in an approved position. After the satisfactory completion of this requirements, you can proceed to apply for General Registration.

Before contacting the Medical Council about registration, it is better

- to become familiar with immigration requirements. (Don't worry, it is not complicated)
- investigate job prospects in your chosen field. (Many young doctors will choose the field where they get a position.)

The above two steps enable you to

- get a work permit, and
- an offer of employment in an approved hospital or practice with a supervisor.

The Medical Council does not provide an employment or immigration service for doctors. You will not get response if you contact them regarding immigration and jobs.

Check the job and immigration links we have provided.

Overseas medical students seeking student electives in New Zealand can contact

The Overseas Elective Programme
Auckland University School of Medicine
Fax: 64-9- 373 7841
Email: m.wells@auckland.ac.nz
Alternate email: t.timo@auckland.ac.nz.

Probationary Registration

You have to obtain Probationary Registration whether you want General Registration or Vocational Registration. First let us look into the Probationary Registration that will lead to General Registration.

Probationary (General) Registration

Probationary Registration is the first step that will lead you to General Registration.

Procedure - Probationary Registration

How to apply for Probationary Registration?

- Complete the relevant form
- Enclose the certified copies of all documents
- Enclose the fee (non-refundable)
- Send to the Council office

When your application is successful, you will be asked to appear for a personal interview. At that time, you have to submit the original Documents for verification.

Required Documents

The Documents you have to submit are:

- current passport
- original Certificate of Good Standing (not more than 3 months old) from most recent registration authority (not employer)
- Original primary medical degree (if the original is not in English, an official translation is required) or, an original letter from the medical university confirming the applicant's degree
- name and address of a referee for seeking further information on fitness to practise
- written evidence of medical appointment in New Zealand
- current Curriculum Vitae

- confirmation of eligibility for probationary registration, and that the appointment and supervisor have been approved by the Council

At the time of application, you need to submit only the copies. At the time of interview, you must submit original documents.

Some of you may not yet have a professional curriculum vitae. Refer the chapter on curriculum vitae and prepare one based on the general guidelines we have given.

Interim Probationary Registration

If there are no concerns about your eligibility, you will get Interim Probationary Registration which allows you to start with work.

Within a short time, you will get Probationary Registration. You need to work for 12 months as a probationer.

On satisfactory completion of 12 months probationary period, you will be granted General Registration.

Applying for General Registration

If you can satisfy all the above requirements. you can send an application in the prescribed form to the Medical Council. If the Medical Council is satisfied, you will be granted General Registration.

Probationers

Most of the Overseas Doctors need to work as Probationers to become eligible for General Registration.

Who are Probationers

Holders of Probationary Registration are called "Probationers".

Purpose

This system acknowledges that a probationer is at the beginning of his/her professional career, where apprenticeship learning models and close supervision are in the best interests of both probationers and patients.

System

Each probationer must work under an approved supervisor to ensure that the probationer receives appropriate education and training.

If the probationer is working in a group practice, supervision may be shared, with joint responsibility for the probationer. That is you will have two bosses who will be watching your progress.

The supervisor of a probationer must assess the probationer and report to Council on the probationer's performance.

The supervisor is also required to make recommendations on whether or not the probationer should be granted General Registration.

Temporary Registration

Sometimes, you may not be in a position to take up the examination or satisfy other General Registration requirements. In such cases, this type of registration can be considered.

Pass in New Zealand Registration examination is not required for Temporary Registration. That is the most attractive point.

Purpose -Temporary Registration

The temporary form of registration is for overseas-trained doctors "visiting New Zealand". This applies to doctors with a work permit and not to doctors with residence permit.

Who Can Apply

Temporary registration is available to doctors who:

- are visiting New Zealand
- graduated from an approved medical school in Australia, United Kingdom, Ireland, South Africa, the United States or Canada, or who are eligible for specific purposes, e.g. sponsored trainee
- are entitled to registration in their own country
- can communicate effectively in English

Temporary Registration will apply to doctors coming to New Zealand to

- give postgraduate instruction in medicine,
- obtain postgraduate training or experience,
- carry out research,
- in certain circumstances, meet special needs in the medical work-force such as deployment in shortage specialities. or
- in emergency service

There is no exam required for Temporary Registration.

It is usually granted for up to two years but may be extended for a third year at the Council's discretion.

If your first language is not English, you may have to sit a formal English test before getting registration.

Before applying you must have a confirmed job offer under supervision in one of the eligible categories.

Restrictions - Temporary Registration

Holders of Temporary Registration will be restricted to work in a particular branch or sub-branch, for a particular period of time and in a particular location and under conditions approved or imposed by Council.

Particular Period of time means two years with the possibility of one further extension of not more than one year (making three years in total).

It will be possible to vary the restrictions on Temporary Registration provided it is not extended beyond three years.

Temporary registrants are expected to leave New Zealand at the expiry of the Temporary Registration (with the exception of those under the short-term transition arrangement who have passed NZREX during that time).

The New Zealand Registration Examination (NZREX) will not be required for entry to Temporary Registration. While you are holding Temporary Registration you cannot appear for NZREX examination.

Eligible Categories

The categories eligible for Temporary Registration and the requirements are given below.

Visiting teachers

- must be registered in usual country of residence;
- must be the guest of a medical school, hospital or other recognised body with oversight from a senior staff member;
- must specify any patient contact (with ethics committee approval/ patient consent for any experimental or new techniques)

Sponsored trainees

- must be registered in sponsoring country and have guaranteed continuing employment there at end of training;
- have a suitable supervised training position in New Zealand;
- have specific training objectives (able to complete within 3 years.)

Trainees enrolled in a formal training programme

- must have enrolled in a formal training programme in and have appropriate supervision arranged;

- must have graduated from an approved medical school in Australia, Canada, Republic of Ireland, United Kingdom or the United States of America; or, have an acceptable post-graduate qualification in the branch of medicine to be practised; or, have worked for at least 12 months in an institution which has an exchange programme with a similar body in New Zealand,
- must be registered as a doctor in the country of that institution, and have guaranteed continuing employment there at end of training

Visiting researchers

- The research project must have been approved by a formally constituted ethics committee;
- All clinical work must be supervised by a designated doctor with vocational registration; no clinical work other than that involved in the research may be done;
- The doctor's contribution to the project must be achievable within 3 years.

Recent graduates seeking overseas work experience

- must be filling a suitable supervised post not able to be filled by a New Zealand resident doctor (post must have been advertised in New Zealand);
- must have graduated from an approved medical school in Australia, Canada, Republic of Ireland, United Kingdom or the United States of America; or, have passed USMLE all parts or parts I and II and the Clinical Skills assessment or equivalent;
- must be within 8 years of graduation; have been in active practice in at least 12 of previous 24 months;
- must be registered in usual country of residence

Locums

- must be filling a suitable supervised post not able to be filled by a New Zealand resident doctor (post must have been advertised in New Zealand);
- must have graduated from an approved medical school in Australia, Canada, Republic of Ireland, United Kingdom or the United States of America; or, have passed USMLE all parts or parts I and II and the Clinical Skills assessment or equivalent; or have an acceptable postgraduate qualification in the branch of medicine to be practised;

- must have had continuous work experience relevant to the post applied for - 24 out of the past 36 months for non-specialist post; 48 out of the past 60 months for specialist post;
- must be registered in usual country of residence.

Emergency services

This type of registration is limited to emergencies, including national disasters, a need for organ retrieval or other unpredictable situations. The Council bases each decision on the practical needs of the situation.

Procedure - Temporary Registration

There are four steps:

- Complete and return the relevant form to your employer.
- Your employer will check your application for completeness.
- Your employer will send it to the Medical Council with a supporting application and documents.
- If your application is successful, you need to attend a personal interview.

You will not send application to the Medical Council. Your employer must do that. However, you need to attend the Medical Council interview.

Required Documents

You have to produce the following document for verification at the time of face to face interview.

- current passport
- immigration permit/visa
- original, recent Certificate of Good Standing (not more than 3 months old)
- original primary medical degree (if the original is not in English, an official translation is required) or, an original letter from the medical university confirming the applicant's degree
- evidence of any name change (if applicable)
- letter of appointment

Interview - Exemption

Doctors returning to the same employer for a second or third locum within a two year period are exempt from the registration interview.

You must still make a new application with supporting documentation and evidence of appropriate supervision, for the Council to consider prior to your arrival in New Zealand.

Vocational Registration

This type of registration is suitable to those who have already gained a lot of experience. If you are young and in the beginning of your career, you have to think of either General or Temporary Registration.

Requirements are rigorous and experience shows that many overseas trained specialists have difficulty proving they have the necessary training, qualifications and experience expected for vocational registration in New Zealand.

Purpose - Vocational Registration

Vocational Registration is intended for doctors who have completed specialist training and qualifications, and who have specialist experience and recognition where they are currently registered. The expected standard is that of a New Zealand or Australian trained specialist.

Eligibility

Applicants must:

- have passed, or been exempted from, an approved English test
- have a post-graduate qualification or 'speciality' certificate in a recognised branch of medicine

- have practised as a specialist
- have ongoing involvement in continuing medical education

If you are applying for an assessment of your eligibility for vocational registration and have not passed TOEFL within the last two years then IELTS and OET options are recommended unless you wish to sit USMLE steps 1 and 2 also.

Doctors wishing to become vocationally registered must go through a formal assessment. The summary of assessment requirements, available in the Medical Council's website, describes the normal requirements in each branch of medicine.

In New Zealand, general practice is a branch of medicine. That means general practitioners may also apply for Vocational Registration.

Assessment Process

The Medical Council policy is to accept for formal assessment only doctors who clearly meet the New Zealand standard.

If it is clear from the documentation that an applicant is not comparable to a New Zealand doctor, the applicant will not be interviewed and will be advised instead to apply for General Registration.

If you are accepted for assessment, the council will request references from your nominated referees.

Once documentation is complete, your application will be referred to the relevant specialist college or vocational branch in New Zealand for assessment, and you will be asked to attend an interview.

The college or branch will then advise the Council of any requirements you must fulfil before vocational registration will be granted.

The Council considers the college's advice but makes its own decision.

If an applicant is resident overseas the council will request an interim recommendation from the college and the doctor will be interviewed if and when he or she arrives in New Zealand.

Psychiatrists with the qualifications MRCPsych, FF or FCPsych (SA), and American Board Certificate in Psychiatry and Neurology, and general practitioners with the MRCGP are not required to apply for an interview in the first instance. An interview may be required at a later date, at which point the applicant would be advised.

Possible Outcomes

Following your assessment interview, the council will advise

- either you will be granted vocational registration after 12 months satisfactory performance on class 3 Probationary Registration; or
- you will be granted vocational registration after satisfactory completion of up to 24 months on class 4 Probationary Registration, during which time you must work under assessment of the specialist college and pass an exit examination or assessment; or
- you must pass a medical knowledge examination in the branch of medicine in which you applied for registration. The examination will be administered by the specialist college which assessed your application; or
- you are not accepted for any of the above and may consider applying for general registration.

Doctors who are granted probationary registration to work under assessment, and who are then not able to perform at the required level may have their probationary registration status reviewed.

Procedure - Vocational Registration

Before registration is issued, doctors who are eligible for probationary leading to vocational registration must have:

- a work permit, and

- an offer of employment in an approved hospital or practice with a supervisor.

How to apply for probationary, leading to vocational, registration?

- Check the summary of requirements for vocational registration to familiarise yourself with the New Zealand standard
- Complete and return the application for vocational registration

Summary of requirements can be found on the Medical Council website. If you need more information you must contact the Medical Council.

The Medical Council will advise you what you must do to get registered.

It is a good idea not to disturb your present arrangements until you get final approval from the Medical Council.

All applicants would be interviewed by the respective College or special society. A recommendation would be made to the Medical Council as to the applicant's suitability for vocational registration.

If the applicant was not recommended for vocational registration the recommendation would include the requirements the applicant must fulfil in order to gain vocational registration.

This may include reverting to the general registration pathway if the applicants qualifications, training and experience are not comparable to that of a New Zealand trained specialist.

Approved English Examinations

Applicants must satisfy the Medical Council that they have a reasonable ability to communicate effectively in English.

This can be done by passing, within the last two years, one of the following three tests:

- The Academic Module of International English Language Testing System (IELTS)
- Test of English as a Foreign Language (TOEFL)
- Occupational English Test (OET)

IELTS

An overall band of 7.5 or above is required. We have discussed IELTS in detail in a separate chapter. If you want to know more about IELTS, you must read that chapter.

TOEFL

The acceptable standard depends on whether you appeared for Paper and Pen Test or Computer Based Test.

Paper-and-Pen Test:

Overall grade of 570, including grades of 50 for the Test of Spoken English (taken separately) and 4.5 for the Test of Written English in conjunction with United States Medical Licensing Examination (USMLE) Steps 1 and 2.

Computer Based Test:

Overall grade of 230, including grades of 50 for the Test of Spoken English (taken separately) and 4.5 for the Test of Written English in conjunction with United States Medical Licensing Examination (USMLE) Steps 1 and 2.

We have discussed TOEFL in detail in a separate chapter. If you want to know more about TOEFL, you must read that chapter.

OET

From 1 November 2001, an A or B grade in each section is required by the Medical Council.

Overseas-trained doctors who pass OET with C grades prior to 1 September 2001 may apply to sit the November 2001 session of NZREX providing they have also passed the United States Medical Licensing Examination (USMLE) steps 1 and 2 within the previous five years.

If you are applying for an assessment of your eligibility for vocational registration and have not passed TOEFL within the last two years, then IELTS and OET options are recommended unless you wish to sit USMLE steps 1 and Step 2 also.

We have discussed OET in detail in a separate chapter. If you want to know more about OET, you must read that chapter.

Exemption from English Test

Applicants may be exempted from passing an approved English test if they provide evidence of one of the following:

- their first language/mother tongue is English and the applicant has been educated and employed as a doctor in an English speaking environment; or
- a primary medical qualification for which the language of instruction was not English, but with a postgraduate vocational qualification obtained in an English speaking environment plus a

minimum of two years continuous medical work experience in an English speaking environment within the last six years and appropriate reference attesting competence in communication skills in English; or

- A pass in a Council approved English test and continuous work in medical practice in an English speaking environment for a period of at least two years after passing the English test.

If deficiencies in English are notified by an employing authority the Council may direct the candidate to resit an approved English test or undertake a form of remedial communication training.

General Oversight

General oversight will affect most doctors during their careers. General oversight is mandatory.

Oversight involves an ongoing, supportive, educative and collegial relationship between two doctors, with benefits to both.

Purpose of Oversight

General oversight helps assure the Medical Council and the public that a doctor is practising competently. There are also many obvious profes-

sional benefits for a doctor in having a continuing collegial relationship with another doctor.

In oversight, the overseer helps a doctor to choose a programme of education and audit, and supports the doctor as a colleague. Oversight is not supervision, but sometimes a supervisory role might be necessary.

Who Requires Oversight

The following group of doctors require oversight. This suggests that most of the overseas doctors will undergo oversight.

- doctors on the general register; and
- vocational registrants working in branches they do not hold vocational registration for.

Oversight Provider

The doctor who is on the vocational register and working in the same branch as the doctor being overseen, will provide general oversight.

Oversight Activities

You should participate in educational and audit activities, in the same way as doctors doing vocational re certification.

In addition you will have an overseer to guide and help you.

Like re certification, the oversight requirements are the same regardless of whether you work full or part time.

Medical Council

Medical Council of New Zealand

The following Contact Details of the Medical Council of New Zealand will be helpful when you want to work in New Zealand.

Physical and Postal address:
Medical Council of New Zealand
Level 12, Mid City Tower, 139 - 143 Willis Street,
P O Box 11 649, Wellington, New Zealand

Phone/Fax:
Phone: +64-4-384 7635
Fax:+64-4-385 8902

Email Contacts:
Registration (No Previous Enquiry): firstenquiry@mcnz.org.nz
Registration (Current Application): registration@mcnz.org.nz
Registration (Examination): nzrex@mcnz.org.nz

Website Address:
Website: http://www.mcnz.org.nz

Examination

New Zealand Registration Examination

NZREX is the short form of New Zealand Registration Examination. You have to pass this examination if you want to get General Registration. If you do not want to take up the examination, then you can go for Temporary Registration.

What is NZREX

Most overseas doctors need to pass the NZREX to obtain registration with the Medical council of New Zealand.

On successful completion, the candidate can apply for jobs and obtain provisional registration.

NZREX tests clinical skills and knowledge at the level required of the sixth year student (trainee intern) on graduation from a New Zealand medical school.

In many cases, the overseas doctors need to pass NZREX and be eligible for registration before they can apply for Permanent Residence in New Zealand under points system.

Three Steps

There are three steps in satisfying Medical Council's exam requirements.

- Pass in English Test
- Pass in USMLE I & II
- Pass in NZREX

You can take NZREX only after passing both parts of USMLE and fulfilling English Language requirements.

Pass in English Test

The Medical Council of New Zealand does not conduct this test.

The Council may grant you exemption from this requirement if your first language/mother tongue is English and you have been educated and employed as a doctor in an English-speaking environment

If you are not eligible for exemption, you should have achieved a Pass within the last two years in one of the following:

- IELTS - over all grade of 7.5
- TOEFL - In the computer based test an over all grade of 230, including grades of 50 for the tests of spoken English (TSE), taken separately, and 4.5 for the written essay in conjunction with USMLE step 1 and 2.

- Occupational English Test (OET) - administered by Australia.

We have discussed IELTS, TOFEL and OET in detail in separate chapters. If you want to know more about these tests, refer to those chapters.

Pass in USMLE I & II

Within the last five years before they can sit for NZREX, Candidates should have passed

- USMLE Steps 1 & 2, or
- its equivalent, For example, FMGEMS basic medical science and clinical science.

We have discussed USMLE Step 1 and Step 2 in separate chapters. If you want to know more about these tests, refer to those chapters.

Exam Centres

NZREX is usually held in Auckland, Hamilton, Wellington, Christchurch and Dunedin.

Some believe different centres have different pass rates and try to take tests in easy centres. It is a myth.

Number of Attempts

The Candidates may have three attempts only at NZREX.

A candidate who has not passed after three attempts may appeal to the Council for permission to make another attempt and each such application will be considered on its merits.

Examination Grades

NZREX Clinical is a test of overall clinical competence. It does not consist of "stand alone" examinations in each of the six disciplines.

Each of the disciplines will be considered under the headings of skills in history taking, the technique and interpretation of physical examination, the appropriate use of investigations, the diagnosis and management plan, and communication skills.

The emphasis on these areas of consideration may vary from one discipline to another (For example, physical examination will have less emphasis in the psychiatry section).

Each discipline will be marked as an overall grade. Each grade attracts marks as set out below.

However, the long case in internal medicine is weighted to attract twice as many marks as each of the other sections since it is twice as long.

The marks for the long case in internal medicine

Grade A = superior receives 150 marks
Grade B = clear pass receives 120 marks
Grade C = marginal pass receives 100 marks
Grade D = fail receives 80 marks
Grade E = severe fail receives 60 marks

The marks for other disciplines

Grade A = superior receives 75 marks
Grade B = clear pass receives 60 marks
Grade C = marginal pass receives 50
Grade D = fail receives 40 marks
Grade E = severe fail receives 30 marks

Passing NZREX

A candidate must:

- obtain 350 marks or more overall,
- have no more than two "D" failures in individual disciplines, and

- have no "E" failure in any discipline.

A candidate who obtains less than 350 marks or who has three or more "D" failures will fail the examination as a whole.

A candidate who has one "E" failure may be required to repeat the examination as a whole or sit again in that discipline at the next examination. The Committee, however, reserves the right to impose any other requirement.

A candidate re-sitting one part only, must obtain a pass (grade A, B or C) to achieve an overall pass.

Pass Validity Period

A pass in NZREX is valid for three years maximum, provided registration provisions as set out in legislation or Council policy remain as they were when you completed NZREX. You need to register with the council before the expiry of the period.

General Suggestions

Get a good night's sleep before the examination. Do not use stimulants.

Dress comfortably and tidily for the examination. You can wear a white coat if you prefer, but this is not compulsory.

You will need to bring your stethoscope. All other equipment is provided.

Allow ample time for travel. Perhaps check out the place of examination the day before.

Bring a watch to assist in pacing the examinations. Clinical skills, application of medical knowledge and communication skills are all tested.

Your ability to communicate with the patient (or patient's guardian) is an important part of NZREX.

The Council recommends that you practise your English as part of preparing for NZREX.

If you are uncertain about any instruction or question from the examiners during your clinical examination, ask for clarification.

The Candidates sometimes appear to overlook the fact that real patients or actors are present in the clinical examination. Courteousness and thoughtfulness towards the patient are noted by the examiners.

Clinical Observer Posts

The medical council permits the candidates eligible for NZREX to under go observer posts. These are clinical attachments, prior to the clinical

examinations, to provide exposure to local practice. This is an unpaid work. You cannot have direct contact with patients.

Eligibility

The candidates must be eligible for NZREX to under go observer posts. The candidates should contact the individual hospitals to obtain attachment and seek permission from the medical council.

Format - NZREX

NZREX is divided into six segments:

- Obstetrics and Gynaecology
- Paediatrics
- Surgery
- Psychiatry
- Medicine
- General Practice

Obstetrics and Gynaecology

The examination in obstetrics is centred round a patient or actor in the third trimester of a pregnancy which may be normal or abnormal.

The candidate takes an obstetrical history including relevant parts of past medical history and current health. The candidate then carries out an abdominal examination relevant to the pregnancy and makes any other relevant observations.

The candidate then discusses issues relating to antenatal care, and any problems that might be encountered at the time of delivery or in post natal care. The technical aspects of delivery are not required.

The examination in obstetrics occupies approximately 20 minutes. The candidate must present the findings within this time.

The candidate is observed throughout by the examiners. The assessment includes the ability of the candidate to relate to and communicate appropriately with the patient.

The examination in gynaecology occupies approximately 10 minutes. It does not include operative or surgical gynaecology. Topics such as modern contraception, the use and interpretation of cervical smears and problems of fertility, may be examined.

Obstetrics Cases

Following cases have been asked as short cases in Obstetrics in the previous NZREX in different combinations.

- Normal Pregnancy
- Antepartum Heamorrhage
- Gestational Diabetes
- Pre Eclampsia Of Toxaemia
- Hydromnios
- Multiple Pregnancy
- Cephalo Pelvic Disproportion (CPD)
- Elderly Primi
- Threatened Abortion
- UTI / SLE
- Heart Diseases
- Hepatitis
- Malpresentation (Breech)
- Previous Complicated Pregnancy
- Preterm Labour
- Post Partum Labour
- Intra Uterine Growth Retardation (IUGR)
- Small For Date
- Foetal Malformations
- Large For Date
- Rh Incompatibility

Gynaecology Cases

Following cases have been asked as short viva topics in gynaecology in the previous NZREX in different combinations.

- Oral Contraceptive Pills
- Hormonal Replacement Therapy
- Cervical Smear
- Infertility
- Menorrhagia
- Dysfunctional Uterine Bleeding
- Menopause
- Post Menopausal Bleeding
- Pelvic Malignancies
- Uterine Prolapse
- Vaginal Discharge
- Amenorrhoea
- Pelvic Inflammatory Diseases
- Herpes Genitalis

Paediatrics

The examination is centred round a paediatric patient and occupies approximately 30 minutes. A parent may be present.

The candidate is provided with a brief outline of the clinical problem and may be asked to expand on the history from the child or parent. They may be directed to examine one or more body systems relevant to the problem.

The candidate presents findings to the examiners together with a differential diagnosis and/or management plan depending on the nature of the case.

The candidate will be observed throughout by the examiners.The assessment of the candidate includes communication with, and attitude to, the child and parent. Candidates are expected to have an approach to the child which is age appropriate and suitable for the presenting problem.

Paediatrics Cases

Following cases have been asked as short cases in Paediatrics in the previous NZREX in different combinations.

- Developmental Delay
- Mental Retardation
- Cerebral Palsy
- Spina Bifida
- Delay In Walking

- Duchnne Muscular Dystrophy
- Floppy Infant
- Downs Syndrome
- Short Stature
- Tall Stature
- Failure To Thrive
- Congenital Heart Diseases (VSD/ Fallots/ASD)
- Rheumatic Fever
- Valvular Heart Diseases
- Nephrotic Syndrome
- Acute Glomerulonephritis
- Urinary Tract Infection
- Epilepsy
- Febrile Convulsions
- Wheezy Child
- Cystic Fibrosis
- Coeliac Disease
- Juvenile Diabetes
- Juvenile Arthritis
- Attention Deficit Hyperactive Child
- Enuresis
- Encopresis

- Hydrocephalus
- Diaper Dermatitis
- Atopic Eczema
- Hepatosplenomegaly
- Hypothyroidism
- Cushings
- Precocious Puberty

Surgery

The examination is in the form of an oral examination lasting approximately 30 minutes. A patient is not present.

The candidate will be asked to discuss with the examiners several brief clinical outlines of common surgical and orthopaedic problems. Diagnosis, investigation and management will be considered.

Relevant photographs, slides, x-rays and laboratory results may be used to assist discussion.

The emphasis will be on the development of safe and sensible management plans for the cases discussed. Operative detail will not be required.

Surgery Cases

Following cases have been asked as short viva cases in Surgery and Orthopaedics in the previous NZREX in different combinations.

- Breast Lump (Cancer / Fibro Adenoma Etc)
- Upper GI Tract Bleeding
- Lower GI Tract Bleeding
- Surgical Jaundice
- Cholelithiasis
- Acute Abdomen
- Cancer Colon / Rectum
- Colonic Polyps
- Cancer Stomach
- Cancer Esophagus
- Prostatic Hyperplasia
- Prostate Cancer
- Thyroid Nodule
- Thyroid Cancer
- Renal Stones
- Cancer Pancreas
- Swelling In The Perianal Region
- Skin Cancer

- Pre Operative Assessment (In General)
- Post Operative Managements (In General)
- Varicose Veins
- Peripheral Vascular Diseases
- Deep Vein Thrombosis
- Pulmonary Embolism
- Aortic Aneurysm
- Hydrocele Hernia
- Torsion Of Testis]
- Undescended Testis
- Phimosis
- Paraphimosis

Orthopaedics Cases

- Congenital Dislocation Of Hip
- Osteosarcoma
- Fracture Humerus
- Fracture Neck Of Femur
- Shoulder Pain
- Supra Spinatus Tendinitis
- Rotator Cuff Pathology
- Fall From Height [2]

- Shoulder Dislocation Xrays
- Osteomyelitis Xrays
- Cervical Spine Fracture Xrays
- Monteggia Fracture / Dislocation
- Spinal Fractures
- Fracture Calcaneum
- Joint Pathology (In General)
- Trauma Assessment
- Trauma Management Basics

Psychiatry

This section occupies less than 30 minutes. Experienced and fully informed actors are used as simulated patients.

A common psychiatric presentation is depicted. The candidate is given a brief indication of the general nature of the patient's problem and the scene is set in a general practitioner's consulting room.

The candidate then has 15 minutes to conduct a psychiatric interview in the presence of the examiners. This is followed by approximately 10 minutes discussion of diagnosis, management and any other matters arising.

The views of the actor patient as to the acceptability of the candidates approach and communication skills will be taken into account in assessment.

Importance is attached to the candidates ability to carry out an appropriate mental state examination when relevant.

Psychiatry Cases

Following cases have been asked as Psychiatry short cases in the previous NZREX in different combinations.

- Depression
- Mania
- Anxiety Disorder
- Post Traumatic Stress Disorder (Mute/ Catatonia)
- Schizophrenia
- Borderline Personality Disorder
- Eating Disorder
- Somatisation Disorder
- Alchohol Abuse
- Substance Induced Psychosis
- Body Dysmorphic Disorder

Medicine

This section occupies approximately one hour. The examination is centred round a patient with a standard general medical problem.

The examiners will introduce the candidate to the patient and provide brief instructions as to the extent of the examination of the patient that is expected.

The candidate has approximately 40 minutes to take a full history and to carry out an examination relevant to the patient's problem.

The candidate then has 10 minutes to formulate diagnosis, management, investigation and explanation for the patient which will then be presented to the examiners in the course of approximately 15 minutes.

The examiners are present throughout the time the candidate is carrying out the history taking and physical examination.

Assessment will consider the candidate's history taking, methods and relevance of physical examination, accuracy of observations, ability to synthesise clinical information, appropriate use of investigations and attitude towards and communication with the patient.

Medicine Cases

Following cases have been presented as long cases in Medicine in the previous NZREX in different combinations.

- Cardiac Failure
- Ischaemic Heart Disease With Angina
- Hypertension With Cardiomyopathy
- Valvular Heart Disease With Arrhythmias
- Peripheral Vascular Diseases
- Deep Vein Thrombosis
- Hyperlipidemia
- Bronchial Asthma
- Bronchiectasis
- Cancer Lung
- Chronic Obstructive Airway Disease
- Irritable Bowel Syndrome
- ?CLD
- Haemochromatosis
- Hemolytic Anemia
- Polycythemia/ Multiple Myeloma
- Epilepsy
- CVA/ Different Forms

- Parkinsons Disease
- Multiple Sclerosis
- ?GBS
- Paraplegia
- Involuntary Movements
- Chronic Renal Failure
- Chronic Glomerulonephritis With Renal Transplant
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Rheumatoid Arthritis
- Gout
- SLE
- Wegeners Granulomatosis
- Carcinoid Syndrome
- Laryngeal Carcinoma
- Diabetes Mellitus
- Diabetes Insipidus
- Acromegaly
- Cushings Syndrome
- Hypothyroidism
- Hyperthyroidism
- Lymphoma(Hodgkins / Non Hodgkins)

- Leukaemia (CLL)

General Practice

This section occupies approximately 30 minutes. Experienced and fully informed actors simulate a patient with a problem commonly encountered in general practice.

No physical examination is carried out but the candidate may ask the examiners about the presence of specific physical signs and may be asked to indicate the reasons for asking.

The candidate then has a discussion with the patient as to the diagnosis and management and the examiners may explore matters further with the candidate.

The examiners observe the candidate taking a history of the complaint as would be done in a general practice consultation.

Assessment includes the ability to conduct the interview in a manner appropriate to the general practice setting, the correct use of investigations in the general practice setting, and the acceptability of the candidate's approach to and explanations to the patient including, the involvement of the patient in reaching decisions about management.

General Practice Cases

Following cases have been asked as short viva cases in General Practice in the previous NZREX in different combinations.

- Tiredness And Lethargy
- Headache
- Sleep Problems
- Backache
- Change In Bowel Habit
- Irritable Bowelsyndrome
- Constipation
- Diarrhoea
- Bleeding Pr
- Abdominal Pain
- Indigestion
- Heartburn
- Hypertension
- Chest Pain
- Peri Menopausal Symptoms
- HRT
- Heavy Periods
- Contraception

- Termination Of Pregnancy
- Recurrent Colds In Elderly
- Occupational Overuse Syndrome
- Alcohol / Substance Abuse
- Diabetes Mellitus / Asthma
- Knee Injury
- Cystitis In Female
- Recurrent Ear Infections
- Sore Throat
- Amenorroea
- Vaginitis
- Nutritional Problems In Elderly
- Weight Loss
- Sexual Dysfunction
- Excessive Sleeping
- Palpitation / Sweating
- Stiffness In Joints / Fingers
- Memory Loss
- Vomiting
- Reflux Oesophagitis
- Multiple Allergies
- Rash

- Breast Discomfort
- Sinusitis
- Genetic Counselling
- Cough
- Epistaxis
- Fever
- Atypical Facial Pain
- Recurrent Skin Infections
- Short Child
- Blurred Vision
- Intermittent Tachycardia
- Breathlessness
- Pre School Physical Examination

Suggested Books

The following books are some of the study materials recommended by the Medical Council of New Zealand.

Medicine

- **MacLeods Clinical Examination**
  Munro and Edwards
- **Essentials of Medicine**
  Andreoli C.
- **Clinical Medicine**
  Kumar and Clark
- **Harrison's Principles of Internal Medicine**
  Harrison (for reference only)

Surgery

- **Introduction to Symptoms and Signs of Surgical Disease**
  Edward Arnold

Current Surgical Diagnosis and Treatment
Way

General Practice

Clinical Method: A General Practice Approach
Fraser

Psychiatry

Psychiatry for Medical Students
Robert J. Waldinger

Introductory Textbook of Psychiatry
Nancy C. Andreasen and Donald W. Black

Child Psychiatry: A Developmental Approach
Philip Graham

Obstetrics and Gynaecology

Essential Obstetrics and Gynaecology
Malcolm Symonds E.

Paediatrics

Current Paediatric Diagnosis and Treatment
Hay and Kempe

Communication Skills

People Skills
Simon and Schuster

The Medical Interview: The Three Function Approach
S.A. Cohen-Cole

The Fifteen Minute Hour
Stuart and J.A. Lieberman

Hospitals

New Zealand has private and public hospitals. The public hospitals are run by organisations called District Health Boards (DHBs). Some DHBs have one hospital, others have several. Some Health Boards do not have websites.

District Health Boards

Most of the big hospitals are under these Health Boards. If you go to the sites of the DHB, you will get details of the individual hospitals.

Auckland District Health Board
Healthcare House, Box 92189
Building 21, Greenlane Hospital
Auckland 1003
Phone 64 9 307 4949
Fax 64 9 634 0761
Website: http://www.adhb.co.nz

Canterbury District Health Board
PO Box 1600
Christchurch

Phone 64 3 364 0460
Fax 64 3 364 0252
Website: http://www.cdhb.govt.nz

Capital and Coast District Health Board
Private Bag 7902
Wellington South
Phone 64 4 385 5999
Fax 64 4 385 5856
Website: http://www.wnhealth.co.nz

Whanganui District Health Board
Private Bag 3003
Wanganui
Phone 64 6 348 1234
Fax 64 6 345 1759
Website: http://www.wdhb.org.nz

Waikato District Health Board
PO Box 934
Hamilton
Phone 64 7 839 8899
Fax 64 7 839 4327

Website: http://www.waikatodhb.govt.nz

Otago District Health Board
Private Bag 1921
Dunedin
Phone 64 3 474 0999
Fax 64 3 474 7640
Website: http://www.otagodhb.govt.nz

South Canterbury District Health Board
Private Bag 911
Timaru
Phone 64 3 684 4000
Fax 64 3 688 0238
Website: http://www.scdhb.co.nz

Hutt Valley District Health Board
Private Bag 31 907
Lower Hutt
Phone 64 4 566 6999
Fax 64 4 570 9001

The Lakes District Health Board

Private Bag 3023
Rotorua Phone 64
Phone 07 348 1199
Fax 64 7 349 7897
Website: http://www.ldhb.co.nz/

Midcentral Health
PO Box 2056
Palmerston North
Phone 64 6 3569169
Fax 64 6 355 0616
Website: http://www.midcentral.co.nz

Nelson Marlborough District Health Board
PO Box 18
Nelson
Phone 64 3 546 1800
Fax 64 3 546 9326
Website: http://www.nmhs.co.nz

Bay of Plenty District Health Board
Private Bag 12024
Tauranga

Phone 64 7 579 8000
Fax 64 7 579 8366
Website: http://www.bopdhb.govt.nz

Counties Manukau District Health Board
Private Bag 93 311
Otahuhu
Phone 64 9 276 0053
Fax 64 9 276 0023
Website: http://www.cmdhb.org.nz

Southland District Health Board
PO Box 828
Invercargill
Phone 64 3 2147224
Fax 64 3 2147228
Website: http://www.southlandhealth.co.nz

Taranaki District Health Board
Private Bag 2016
New Plymouth
Phone 64 6 7536139
Fax 64 6 753 7780

Website: http://www.thcl.co.nz

Tairawhiti District Health
Private Bag 700
Gisborne
Phone 64 6 869 0500
Fax 64 6 869 0542

Waitemata District Health Board
Private Bag 93 503
Takapuna
Auckland
Phone 64 9 486 1491
Fax 64 9 486 8908
Website: http://www.whl.co.nz

Wairarapa District Health Board
PO Box 96
Masterton
Phone 64 6 946 9800
email dayml@waihealth.co.nz
Website: http://wairarapa.dhb.org.nz

Job Resources

Here you can find useful job related websites. Some of them are exclusively for health related jobs. Others list all jobs including Medical jobs.

Health Job Sites

- **Geneva Health International**
  Website: http://www.genevahealth.com
- **Health Recruitment New Zealand**
  Website: http://www.healthrecruitment.com
- **Gold Standard Locum**
  Website: http://www.locums.co.nz
- **Southern Alps Recruitment**
  Website: http://www.southern-alps.com
- **Medlink International Recruitment Centre**
  Website: http://www.medlink.co.nz
- **Southern Doctor**

Website: http://http://www.southerndoctor.co.nz/

General Job Sites

KiwiCareer
Website: http://www.careers.co.nz

Seek
Website: http://www.seek.co.nz

Career
Website: http://www.career.co.nz

tmp.worldwide
Website: nz.eresourcing.tmp.com

New Zealand Jobs
Website: http://www.nzjobs.co.nz

Working in New Zealand
Website: http://www.workingin.co.nz

Government Jobs Online
Website: http://www.jobs.govt.nz

Monster

Website: http://www.monster.co.nz

Immigration

New Zealand Immigration Service Website maintains an excellent web-site that gives you all the information you need. Other sites can throw more light on immigration and may help you in getting visa.

Official Resources

- **New Zealand Immigration Service**
  Website: http://www.immigration.govt.nz

Other Resources

- **The Emigration Group**
  Website: http://www.jobfastrack.co.nz
- **Migration Bureau**
  Website: http://www.migrationbureau.com
- **Countrywide Immigration Service**
  Website: http://www.immigrate.net.nz

New Zealand Immigration Guide
Website: http://www.nzimmigrationguide.co.nz

Accommodation

Accommodation Resources

A wide selection of private accommodation is available in New Zealand. Most people "go flatting"- they share a house or flat with others.

Home Stay accommodation (Paying Guest Accommodation) is also common. You can stay with a local family and share common equipment and utilities. You will pay for it.

After entering New Zealand, you can easily find a place to stay.

Check the following sites for online booking or enquiry.

- **Backpacker Hostels**
  Website: http://www.backpack.co.nz
- **Bed and Breakfast Club**
  Website: http://www.bed-and-breakfast-club.com
- **YMCA New Zealand**
  Website: http://www.ymca.org.nz

Associations

Royal colleges

Royal Australasian college of physicians
Website: http://www.racp.edu.au

Royal Australasian college of Surgeons
Website: http://www.racs.edu.au

Royal New Zealand College of General Practitioners
Website: http://www.rnzcgp.org.nz

Royal Australian and New Zealand College of Psychiatrists
Website: http://www.ranzcp.org

Royal Australian and New Zealand College of Radiologists
PO Box 10 424
WELLINGTON
Ph: (04) 472 6470
Fax: (04) 472 6474

Royal College of Pathologists of Australasia

CMC Building,
89 Courtenay Place
WELLINGTON
Ph: (04) 801 5111

Royal New Zealand College of Obstetricians & Gynaecologists
PO Box 1503
WELLINGTON
Ph: (04) 293 1900
Fax: (04) 293 1934

Medical Faculties

Auckland University: Philson Library
Website: http://www.auckland.ac.nz/lbr/med/medhome.htm

Christchurch School of Medicine
Website: http://www.chmeds.ac.nz

Wellington School of Medicine
Website: http://www.wnmeds.ac.nz

University of Otago: Department of Health Science

Website: http://www.otago.ac.nz/HealthScience/

Waikato Postgraduate Medicine Inc
Website: http://www.wave.co.nz/pages/wpgmi/

Goodfellow Unit at Auckland University
Website: http://www.auckland.ac.nz/goodfellow/

Professional Organisations

New Zealand Medical Association
Website: http://www.nzma.org.nz

Association of Salarised Medical Specialists
Website: http://www.asms.org.nz

Clinical Leaders' Association of New Zealand
Website: http://www.clanz.org.nz

New Zealand Dermatological Society
Website: http://www.dermnet.org.nz

New Zealand Rheumatology Association
Website: http://www.rheumatology.org.nz

New Zealand Society of Otolaryngology-Head & Neck Surgery
Website: http://www.orl.org.nz

Australian and New Zealand College of Anaesthetists
Website: http://www.anzca.edu.au

Paediatric Society of New Zealand
PO Box 10 601
WELLINGTON
Ph: (04) 472 6713
Fax: (04) 472 6718

Society of Cardio-Pulmonary Technology New Zealand Inc
Department of Clinical Physiology
Greenlane Hospital
Greenlane Road West
AUCKLAND
Ph: (09) 638 9909
Fax: (09) 630 8966

General Associations

New Zealand Immigration Services maintains a comprehensive list of associations in its Ethnic Communities Directory.

You will find contact information and details of many associations that will help you happily.

Ethnic Communities Directory
Website: http://www.immigration.govt.nz/ecd/

Useful Links

We have provided general and medical links that will be useful if you want to know more about New Zealand.

Medical Links

Piper
Website: http://www.piperpat.co.nz/nz/health.html

Everybody
Website: http://www.everybody.co.nz

General Links

eBay New Zealand
Website: http://www.ebay.co.nz

Search NZ
Website: http://www.searchnz.co.nz

NZSearch
Website: http://www.nzsearch.co.nz

White Pages
Website: http://www.whitepages.co.nz

Yellow Pages
Website: http://www.yellowpages.co.nz

NZ City
Website: http://www.nzcity.co.nz

Yahoo New Zealand
Website: http://au.yahoo.com

MSN
Website: http://www.msn.co.nz

About New Zealand

Life Style

The standard of living in New Zealand is high. The weather is a boon and it enables a very relaxed and a healthy life style.

The government's medical program is excellent and absolutely free for the residents.

About 70% of the families in New Zealand have their own homes and almost every family owns a car.

In bigger cities the New Zealanders live in high raised apartment complexes but most of them live in a single-family houses where they enjoy their small fruits and vegetable garden.

Most houses are equipped with washer/dryer, refrigerator and other sophisticated electrical appliances.

Geography

Location, in technical words, is Oceania.The islands are in the South Pacific Ocean, southeast of Australia. The geographic coordinates are 41 00 S, 174 00 E.

Total area is approximately 268700 sq. km.

Climate is temperate with sharp regional contrasts. People in New Zealand enjoy a subtropical climate in both North and the south Island.

Temperature is very mild all year through except for very rare moderate seasonal and altitude variations but the weather is highly co operative throughout the year. Rainfall is evenly distributed throughout the year.

Natural resources are gas, iron ore, sand, coal, timber, hydropower, gold, and limestone.

Natural Hazards are earthquakes, though usually not severe, and some volcanic activity.

People

Population is a little above 3.8 million. People are called New Zealanders.

Ethnic Groups are European Origin 79%, Maori 10%, Pacific Islander 4% and others 7%.

English is the official language and widely spoken. Maori is the second common language.

Economy

The short data code of New Zealand is NZ.

Wellington is the capital. The major Cities are Auckland, Wellington and Christschurch.

Inflation rate is1% and Unemployment rate is 7%.

Major industries are food processing, wood and paper products, textiles, machinery, transportation equipment, banking and insurance, tourism and mining.

Agriculture Products are wheat, barley, potatoes, pulses, fruits, vegetables, wool, beef, dairy products and fish

1 New Zealand dollar (New Zealand$) = 100 cents. Currency Code is NZ$.

Exchange Rate is approximately US$1.00 = New Zealand$2.10.

General

WHO Directory

As an Overseas Doctor, you frequently come across the term WHO World Directory of Medical Schools. It is important that the medical school or college that gave you the medical qualification or degree, is listed in this directory. If it is not listed, most of your overseas goals will remain unfulfilled.

What is WHO Directory?

WHO is the short form of World Health Organization. From time to time, this organization compiles list of names and addresses from data received from, or confirmed by, Member States. This list is known as WHO World Directory of Medical School.

Is My Medical School Listed?

The list contains more than 1000 colleges. If you are from a reputed college, then your school would be in the list.

To find out whether your school is listed, just ask your school administrator. Or, you can go to the WHO website and check the list. Website is given

at the end of the section. In the website, go to the publication section. In that section, look for World Directory of Medical School.

What to Do, If Not Listed?

The Organization does not accept responsibility for the inclusion or the omission of the names of any institutions.

WHO has no authority to grant any form of recognition or accreditation to schools for the training of health personnel. Such a procedure remains the exclusive right of the national government concerned.

So, the only option for you is to request the school administrator to take steps for inclusion of the school in the directory.

For More Information

If you like to have more information on the issue, you can visit the WHO website. As the list is available on this website for free of cost in PDF format, you need not buy it.

World Health Organization
Website: http://www.who.int/

Medical Councils

Here we are giving contact addresses of 27 Medical Councils that register doctors. If you need some information, you must write to them directly and most of them respond within reasonable time. Not all countries have opportunities for overseas doctors. But, rules change with time.

Medical Councils for 27 countries

Austria

Postal Address
Osterreichische Arztekammer
Weihburgasse
10-12 A1010 Vienna
Austria

Australia

Postal Address
PO Box 4810
Kingston ACT 2604
Australia

Barbados

Postal Address
The Medical Council of Barbados
Old Hospital Building
Jemmott's Lane
St Michael
Barbados

Belgium

Postal Address
Le Conseil Superieur de L'Ordre des Medicins
Place de Jamblinne de Meux 32 B-1040
Brussel
Belgium

Canada

Postal Address
Medical Council of Canada
PO Box 8234, Station T,
Ottawa, Ontario

Canada K1G 3H7

Denmark

Postal Address
Danish Medical Association
Trondhjemsgade 9
DK - 2100 Kobenhavnk
Denmark

Finland

Postal Address
National Board of Medicolegal Affairs
Siltasaarenkatu 18C
PL 265
00531 Helsinki
Finland

France

Postal Address
Le Conseil National de L'Ordre des Medicins
180 Boulevard Haussmann

75389 Paris
Cedex 08
France

Germany

Postal Address

Bundesarztekammer
Arbeitsgemeinschaft de Westdeutschen
Aztekammer
Herbert-Lewin-Strasse 1
D-5000 Koln 41
Germany

Greece

Postal Address

Ministry for Social Services
17 Aristotelous Street
10187 Athens
Greece

Holland

Postal Address
Ministry of Health
Ministerie van Volksgezondheid
Sir W Churchilaam 362
2284 JN Rijswijk
Netherlands

Iceland

Postal Address
Ministry of Health and Social Security
Laugavegur 116
150 Reykjavik
Iceland

India

Postal Address
Registrar Medical Council of India
Aiwan-e-Galib Marg
Kotla Road
New Delhi 110002
India

Ireland

Postal Address
Medical Council of Ireland
Portobello Court
Lower Rathmines Road
Dublin 6
Ireland

Italy

Postal Address
Ministero della Sanita
Viale Industria 20
00100 Roma
Italy

Malaysia

Postal Address
The Malaysian Medical Council
Kementerian Kesihatan Malaysia
Jalan Cenderasar
50590 Kuala Lumpur

Malaysia

New Zealand

Postal Address
The Medical Council of New Zealand
Level 12, Mid City Tower, 139 - 143 Willis Street,
P O Box 11 649, Wellington,
New Zealand

Norway

Postal Address
Directorate of Health of Norway
Postboks 8128
N-0032 Oslo 1
Norway

Portugal

Postal Address
Ordem dos Medicos
Av. Gago Coutinho 151
1700 Lisbon

Portugal

Singapore

Postal Address
Registrar
Singapore Medical Council
16 College Road
Singapore 169854

South Africa

Postal Address
The South African Medical and Dental Council
Pretoria
South Africa 0001

Spain

Postal Address
Consejo General de Colegios
Officiales de Medicos
Villanueu II
28001 Madrid

Spain

Sweden

Postal Address
Socialstyrelsen
Linnegatan 87
S-106 30 Stockholm
Sweden

Tasmania

Postal Address
The Medical Council of Tasmania
AMA House
2 Gore Street
South Hobart, Tasmania
Australia 7000

Trinidad

Postal Address
Registrar Medical Board of Trinidad and Tobago
Medico Dental House

115 Abercromby Sreet
Port of Spain
Trinidad

United Kingdom

Postal Address

General Medical Council
178 Great Portland Street
London W1N 6JE
United Kingdom

United States of America

Postal Address

Federation of State Medical Boards of the United States
Federation Place
400 Fuller Wise Road
Suite 300 Euless
Texas 76039-3855
USA

Medical Conferences

In this chapter we have treated medical conferences, medical events and medical seminars as words having common meaning.

To keep abreast of the latest development in the your speciality, it is important for you to attend medical events and conferences. In most of the cases your hospital will fund your participation. Attending such events periodically is an integral part of many training programs.

For many of you, such events will be the opportunity to see different parts of the country or the world. You will also develop useful contacts with fellow professionals.

Finding Events

Many medical journals provide you with the details of forthcoming events. You will also get many promotional materials from the organizers of conferences.

You can also visit the medical portals. Some of them list such events.

Some websites may give you information by email.

Some associations help their members in finding out the suitable events as required for a fee.

Medical Conferences
Website: http://www.medicalconferences.com/
Medical Conferences.com is the Internet's leading conference portal for medical and health-care professionals. This searchable database of over 7,000 medical conferences and CME events is an invaluable resource for all healthcare professionals. Healthcare professionals can search here free of charge for detailed information on the conference or CME event most suited to their professional needs.

Congress Resource Center
Website: http://www.docguide.com/crc.nsf/web-bySpec
The Congress Resource Centre is a site of organised links and information designed to facilitate planning and scheduling for a featured congress or event.

MediConf
Website: http://www.mediconf.com/
This site lists thousands of medical conferences and congresses in 160 countries.

Conifer
Website: http://ex2.excerptamedica.com/homepage.html

This site offers an interactive information service which consists of a comprehensive range of meeting information directly to delegates or attendees.

Eventline
Website: http://ex2.excerptamedica.com/homepage.html
This is a sister service to CONIFER, providing a more extensive listing of international meetings and events.You need to pay to search the listings.

Cyber Rounds
Website: http://www.cyberounds.com/confindex/
You must register to access the full details. But it is free.

HandiLinks
Website: http://www.ahandyguide.com/cat1/m/m743.htm
This is a continuously updated list from search engine.

HON Conferences
Website: http://www.hon.ch/cgi-bin/conferences
This is a continuously updated list from search engine.

Medscape Conferences

Website: http://cmecenter.medscape.com/Home/CMEcenter/CMEcenter.html

PGI's List of Conferences
Website: http://www.webcom.com/pgi/meetings.html

Hum-Molgen Events
Website: http://www.hum-molgen.de/meetings/index.html

Search Engines

Search engines will be very useful in researching various issues that will have a far reaching effect on your career and you must know how to make best use of the technology.

Some of you do not know the difference between search engines and directories. Many use the term "search engine" to describe both search engines and directories.

They are not the same. They are compiled differently. This affects the quality of the listings and in turn affects your search results.

Search Engines

The listings in search engines, such as Alta Vista, are compiled by using big computers to browse the entire web and catalogue the results. The machines and software do the work.

Directories

The listings in directories, such as Yahoo, are compiled by using human beings who visit each site and list the site at appropriate category.

So, you get better results when you use directories. But the number of results will be a few.

On the other hand, search engines will return thousands of results and most of them will be irrelevant.

Relevant Results

If you know how to use the engines correctly, you will often get the most useful and relevant results,whether you use directories or search engines.

We give below a few hints and a list of the most powerful and major search engines. In the next chapter we will give you a list of medical search engines that will return only the medical web sites.

Useful Hints

Use phrases. Do not search for EMQ. Search for PLAB EMQ.

Use exact phrase markers. In the above case use "" markers. "PLAB EMQ" will return results that contain exactly this phrase.

In some cases, words may not be in adjacent position. For example, you may want to search pages that contain Kaplan and USMLE. It is OK for you if the words are not adjacent. Then use +Kaplan+USMLE.

Wherever possible use local search engines. For example, if you want to know the sites in New Zealand, then use the New Zealand version of the search engines.

If you need medical related sites, try medical search engines.

Try Directories and also search engines.

The above simple hints will improve your results to a great extent. If you want to be a master, then you must read the guidelines including the boolean system provided by each search engine.

15 Major Engines

Theoritically there are hundreds of search engines. Do not waste your time on them. The following major search engines and directories will solve most of your needs.

- **Yahoo**
  Website: http://www.yahoo.com/
- **Alta Vista**
  Website: http://www.altavista.com/
- **Excite**

Website: http://www.excite.com/

GoTo
Website: http://www.goto.com/

Netscape
Website: http://www.netscape.com/

MSN
Website: http://www.msn.com/

Lycos
Website: http://www.lycos.com/

Webcrawler
Website: http://www.webcrawler.com/

Google
Website: http://www.google.com/

DirectHit
Website: http://www.directhit.com/

LookSmart

Website: http://www.looksmart.com/

AOL
Website: http://www.aol.com/

HotBot
Website: http://www.hotbot.com/

IWon
Website: http://www.iwon.com/

Sprinks
Website: http://www.about.com/

Most of these search engines have local versions also. Each search engines home page will give you details about local versions.

Medical Search Engines

A medical portal is a web site that gives a list of links to other medical web sites. With fast changing internet world, the distinction between medical portals. medical vortals, medical search engines and medical gateways are disappearing. Sites are becoming more and more integrated.

The quality of sites greatly differs. Only when you actually use the site you will know whether it is useful to you or not.

22 Medical Engines

SumSearch

Website: http://sumsearch.uthscsa.edu/searchform45.htm

SumSearch is a unique method of searching for medical evidence by using the Internet. SumSearch combines meta-searching and contingency searching in order to automate searching for medical evidence. Meta-searching, which is used by general Internet search engines, means simultaneously searching multiple Internet sites and collating the results into one page.

Medical Matrix

Website: http://www.medmatrix.org/

Medical Matrix is a free directory of selected medical sites on the Internet. Each site listing has been evaluated by reviewers from a panel of physicians and medical librarians. Medical Matrix lists only those sites that meet their criteria for information quality and site usability, with an emphasis on usefulness to healthcare practitioners. You need to register to use the service. But, it is free.

MedHunt
Website: http://www.hon.ch/home.html
Medical Document Finder. MedHunt uses both humans and machines to build its index of medical information. French version is also available. Searches can be narrowed by region.

MedExplorer
Website: http://www.medexplorer.com/
A comprehensive source of Medical sites.

MedGuide
Website: http://www.medguide.net/
This site provides an intuitive, context-based search engine for thousands of topics from general medical info to more specific categories.

Omni
Website: http://omni.ac.uk/
Good guide to quality Internet resources in health and medicine.This site is from the United Kingdom.

Medscape
Website: http://www.medscape.com/

MedlinePro
Website: http://www.medlinepro.com/
You can access databases, journals, textbooks, and other sources from a single page.

Medical World Search
Website: http://www.mwsearch.com/
Medical Intelligence At Your Fingertips. Listings are created from a select group of medical sites, in order to keep results focused. It is not free. It is a paid service.

The MedEngine
Website: http://www.themedengine.com/
A medical search engine.

HealthAtoZ
Website: http://www.healthatoz.com/atoz/default.asp

9-11
Website: http://www.9-11.com/
The site is maintained by the California Public Safety Academy. This search engine is for general consumers, medical practitioners and researchers.

Accumedinfo
Website: http://www.accumedinfo.com/
You can search many medical content websites and also general information. PubMed and Google searches are integrated.

CiteLine
Website: http://www.citeline.com/
The site offers a line of Web search products and services that provide access to the medical industry and health information available on the Internet.

Medisearch
Website: http://www.medisearch.co.uk/
It is a health portal from the United Kingdom.

Echidna Medical Search
Website: http://www.drsref.com.au/search/
This database specialises in Australian medical webpages.
It currently contains links to over 25,000 websites.

HealthFinder
Website: http://www.healthfinder.gov/

Med411
Website: http://www.med411.com/
A medical search engine.

Univers Santé
Website: http://www.generique.net/pages/index.shtml
It is a directory covering health and medicine aimed at medical professionals. It is in French. You may get English version soon.

Galenicom
Website: http://www.galenicom.com/
This Search engine is in Spanish.

HealthLinks
Website: http://www.healthlinks.net/
The website is a free Directory.It is a portal service for healthcare professionals and consumers World-Wide.

Reuters Health
Website: http://www.reutershealth.com/
Reuters Health produces the premiere health and medical daily news services that keep both professionals and consumers abreast of breaking medical news.

Backup Documents

All your documents are important assets. You may need them at any point of time in your career. You must always protect and make them available on demand.

Last week a senior doctor who has overseas experience for more than 8 years contacted me to solve his problem. He had to apply for a Specialist training post within 2 days. But he had lost his CV paper copy. He had a copy in a floppy disk. It was not working! His precious document that he developed over a period of 8 years had gone with wind.

He wrote another one in a few hours. But he was not pleased with the CV because it was not as effective as the lost one.

What to Backup?

At the minimum level, you must back up the following documents:

- Your Passport
- All Educational Certificates
- All Achievement Certificates
- Work Experience Certificates
- Documents issued by Government

- Social certificates (e.g. birth certificate)
- Reference letters
- Curriculum Vitae

Backup Methods

You must use all the following methods. There is nothing wrong in taking many steps to protect your careering future.

- Photo copy
- CD Copy
- Online Copy

Photo Copy

Take photocopies of all important documents and place them in a good folder securely. Keep this file away from the originals.

When you need copy, it is human nature to pull out copies from this folder. Never do that. Treat them as your original documents. Take fresh photocopies and use them.

CD Copy

Floppy disks are not reliable. Over a period of time, they stop working. It is easy to delete file from disks.

You must scan your documents and create electronic versions of your documents. When you scan the documents, most of you will have image files. That will serve the purpose. But if you can, create Acrobat version of the image files.

Copy them in a CD-Rom. Make sure that the format of CD-R is set to be used on all computers. That is very important.

Zip disks are inconvenient because, you need Zip Drive when you want to retrieve your files. But, CD drives are readily available.

Online Copy

You must store your files in online storage boxes. Just like copying files on a floppy disk, you can place your files in online drives that are provided by some websites. They are free.

The main advantage is you can retrieve your documents at any time from any part of the world.

Free Service Providers

Here are a few excellent free service providers.

- **XDrive**
  Website: http://www.xdrive.com/

- **FreeDrive**
  Website: http://www.freedrive.com/

There are many other free service providers. Choose the web service that suits your needs.

When backing up your documents, be a real paranoid.

Epilogue

Please, send us your views, ideas, advice and suggestions.

We will add them in next edition.

If there are errors in this manual we will correct them.

If you think this book is a good one, please let your friends know about the Guide and ask them to buy a copy. Please help us.

Thanks in advance for recommending the book.

We wish you all the best.

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